DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICADE & MEDICAD SERVICES

PRINTED: 11/10/2011 FORM APPROVED

	CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0	938-0391
STATEMENT OF	F DEFICIENCIES	(X1) PROVIDERS/SUPPLIE	R/CLIA	(X2) MU	LTIPLE CONSTRUCTION	(X3) DATE
AND PLAN OF C	CORRECTION	IDENTIFICATION NUMBE	R:			SURVEY
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				В.	WING	С
345308						
					10/26/2011	
NAME OF PROV	IDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE	
	•			535 West	Gannon Avenue	
WakeMed Zebulo	n/Wendell Outpatient and SNF			Zebulon,	NC 27545	
(X4) ID	SUMMARY STATEME	NT OF DESICIENCIES	ID	PROV	VIDER'S PLAN OF CORRECTION	T (X5)
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1110	INFORMATION	IMO	APPROPRIATE DEFICIENCY)	ONDATE
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	F 314		
	Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: F 314 Based on staff interview and record review the facility failed to assess a pressure ulcer which transitioned from a stage I wound to a stage II wound per its policy for 1 of 2 sampled residents (Resident #75) who developed pressure ulcers in the facility. Findings include: Resident #75 was admitted to the facility on 09/07/11. The resident's documented diagnoses included right hip fracture and dementia. The resident's 09/07/11 Admission Profile documented the only skin integrity issues the resident presented with were a surgical incision and bruising at multiple sites on her body. 09/16/11 physician orders initiated the use of Nystatin cream and Xenoderm to Resident #75's diaper area twice daily (BID). A 09/16/11 Physical Medicine and Rehabilitation Progress Note documented Resident #75 was being treated for diaper rash.		On the day of survey completion, all wounds in the Facility were reviewed by the nurses assigned to the residents. Wound documentation sheets were found to be present on those individual records. Following that a Mandatory Education Packet was presented to the Nursing staff to update the knowledge of the staff on staging and measuring wounds as well as available products. The packet also reinforced documentation standards for wound assessments to be 1. Implemented at the time the wound was identified, first measured and staged. 2. Continued weekly on Wednesday after the wound was identified. 3. Documentation of the presence of each wound with numbers corresponding to the wound sheet on the daily flow sheet is also required. 4. Recommended products for wound care in the WakeMed System. (See Attachement # 1, 2) Staff were given time to complete the packet with a 100% attendance rate. This activity is nearly complete. Melanie Johnson, RN, CWOCN was invited to come speak to the staff to provide a classroom learning experience with picture slides and practice on staging as soon as possible. These in-Service dates were 2 weeks after the learning packet was distributed to the staff. These two in-services have been completed with 75 % of the staff attending. (see attachment #3)	11/23/2011
	and I stone "Mane"		If Continuation	sheet Page 1 of 8

11/17/2011 Facility ID: 944261U

Form CMS-2567 (2-99)

Event ID WNOG11

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CENTERS FOR MEDICARE & MEDICAI				OMB NO. 0938-0391		
STATEMENT OF		(X1) PROVIDERS/SUPPLII	ER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBI	ER:	· A. BUILDING	SURVEY COMPLETED	
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NAME OF PROV	IDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 535 West Gannon Avenue		
WakeMed Zebulo	n/Wendell Outpatient and SNF			Zebulon, NC 27545		
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	Continued From page 1			1		
F 314	A 09/20/11 Physical Me		F 314	Beginning the following Thursday (11/17)		
SS=D	Rehabilitation			wound sheets and Nurse's Notes will be		
	Evaluation and Manage	ement Note		audited weekly for completion on all residents at risk for skin breakdown for 3		
	documented			months. The audits will be done by the		
	the only skin integrity is	sues Resident #75 had		Supervisor, Manager, and MDS Coordinator.		
	were a surgical wound a			Those who do not document with 100%		
	bruise.	A direct out on A 45 others one		compliance will be re-educated as soon as is		
	The resident's 09/20/11 Data Set (MDS) docum			practicable by delivering a Patient Safety Alert and Counseling Session. (Attachment	11/23/2011	
	from severe cognitive in			#4)	11/23/2011	
	pressure ulcers present	but was at risk for				
	pressure ulcer formation			Results will be delivered to the quarterly QI		
	extensive assistance from			meeting and interventions may be increased bases on the recommendation of the		
	dependent on staff for be transfers, and locomotic			committee.		
	The Pressure Ulcer Car			Committee.		
	(CAA) generated by the	09/20/11 MDS		Beginning the first Thursday in February		
	documented, " (n			2012 (at the end of the weekly monitoring for		
	not have any pressure u			12 weeks) wound sheets and Nurse's Notes will be audited monthly for completion on all		
	does have a rash in her receives Nystatin cream			residents at risk for skin breakdown for 9		
	continue to monitor skin			months. The audits will be done by the		
	The care plan generate	d by the 09/20/11 MDS		Supervisor, Manager, and MDS Coordinator.		
	identified Resident #75			Those who do not document with 100%		
	pressure ulcer developr A 09/23/11 Weekly Woo			compliance will be re-educated as soon as is practicable by delivering a Patient Safety		
	Sheet documented Res			Alert and Counseling Session.		
	wound to her right butto			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	x 0.1 centimeters (cm),			Results will be delivered to the quarterly QI		
	without odor, tunneling,			meeting and interventions may be increased		
	drainage. The sheet doo wound was intact.	cumented the pen-		based on the recommendation of the committee to extend the audits and provide		
	The facility's SYSWD (s	vstemwide) Skin Care.		further re-education.		
	Pressure Ulcer Preventi	ion/Treatment				
	Incontinence, Skin Tear	Orders, revised				
	October					
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F 314 Continued From page 2

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	Resident #75's sacrum three days. A 09/26/11 Physical M Rehabilitation Progress nursing reported Resid breakdown, "skin break Record review reveale breakdown was not as Wound Measurement assessment after the Concerning a stage I wright buttock. There was no docume breakdown in Resident Flowsheet Daily Progrethrough 10/06/11. A 09/27/11 Physical M Rehabilitation Evaluati Note did not document Resident #75's skin int The skin blocks which on Resident #75's Nursidocumented on 09/30/	with Normal Saline, th silicone adhesive to every) Wednesday and seeded) soilage." order initiated mepilex to a, to be changed every edicine and so Note documented lent #75 had sacral kdown-mepilex." dother 09/26/11 sacral sessed on the Weekly Sheet, with no wound 19/23/11 documentation round to the resident's east Notes from 09/26/11 edicine and on and Management any problem's with egrity. captured wound sites sing Flowsheet 11, 10/01/11, and was receiving mepilex to				
				If Continu	ation sheet Page 3 of 8	
F 314 Co	ntinued From page 3					
Form CMS-256		Event ID WNOG11	1(17)	2011	Facility ID: 944261U	
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Form CMS-2567 (2-99)

PRINTED: 11/10/2011 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0	
STATEMENT OF	F DEFICIENCIES	(X1) PROVIDERS/SUPPI		(X2) MU	LTIPLE CONSTRUCTION	(X3) DATE
AND PLAN OF C	CORRECTION	IDENTIFICATION NUM	BER:	Δ	BUILDING	SURVEY COMPLETED
•				Λ.	DOILDING	COMPLETED
				В.	WING	С
		345308				10/26/2011
NAME OF PROV	IDER OR SUPPLIER	<u></u>		STREET	ADDRESS, CITY, STATE, ZIP CODE	
				535 West	t Gannon Avenue	
WakeMed Zebulo	on/Wendell Outpatient and SNF			Zebulon,	NC 27545	
(VA) ID	CIMANA A DAVIOTA TOTATO	NT OF DESIGNATES	ID	DDO:	VIDER'S PLAN OF CORRECTION	(X5)
(X4) ID PREFIX	SUMMARY STATEME (EACH DEFICIENCY MUST		1		CORRECTIVE ACTION SHOULD BE	COMPLETI
TAG	REGULATORY OR	LSC IDENTIFYING	TAG) c	CROSS-REFERENCED TO THE	ON DATE
	INFORM	AATION			APPROPRIATE DEFICIENCY)	
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state	ed the presence, location,	and stage of				
	inds were also recorded in	the skin block on				
the c	daily Nursing Flowsheets. :43 AM on 10/26/11 Nurse	#3 stated she				
	:43 AW on 10/26/11 Nurse ld not remember anything					
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only	intervention used for Res	ident #75 was				
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	ne boxes on the form. Acc					
form	wound was reassessed w	eekiy on the same	ł			
	1,		l			
						-
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				If Continuation	on sheet Page 5 of 8	
F 314			314			

Facility 1D: 944261U

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

PRINTED: 11/10/2011 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES				UNID N	O, 0938-0391
STATEMENT OF	F DEFICIENCIES	(X1) PROVIDERS/SUPPLIE	R/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE
AND PLAN OF C	CORRECTION	IDENTIFICATION NUMBE	R:		SURVEY
				A. BUILDING	COMPLETED
				>0.3511.0	- COMMEDIED
				B. WING	С
		345308		B. WINO	- ' .
		343300			10/37/3011
3743 (7) 07 07 07					10/26/2011
NAME OF PROV	IDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE
l .				535 West Gannon Avenue	
WakeMed Zebulo	n/Wendell Outpatient and SNF			Zebulon, NC 27545	
	•			1,	
(X4) ID	SUMMARY STATEME	NT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETI
TAG	REGULATORY OR	LSC IDENTIFYING	TAG	CROSS-REFERENCED TO THE	ON DATE
	INFORM	IATION		APPROPRIATE DEFICIENCY)	

TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATION	L PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	ON DATE
Co coi the Aft Me res bed on mir on dis pre det the Sh loc dai sta 09/ Prc nov to t me bed rev the cor pol	Intinued From page 5 Impleting all the same information requested on a initial assessment, until the wound healed. For examining Resident #75's Weekly Wound resurement Sheet, the DON stated ideally the sident's sacral/buttocks wound should have ren reassessed when it declined and opened 09/26/11 and then a week later, but at the nimum the resident should have had at least remore assessment of the wound before charge on 10/06/11. The DON reported the resence of a wound and any changes, including clines or healing, should be documented on in a Nursing Flowsheet Daily Progress Notes. For ealso commented the type of wound and action should be documented in the skin block rely on the Nursing Flowsheets. The DON reported the term "skin breakdown" used in the 1/26/11 Physical Medicine and Rehabilitation regress Note indicated to her that Resident #75 we had an open ulcer on the sacrum. According the DON, if she remembered correctly, repliex was a product to be used on open ulcers cause it stimulated some tissue growth. After relewing documentation in Resident #75's chart, a DON stated wound assessments were not impleted for the resident as outlined in facility icy. 3.35(i) FOOD PROCURE,	1	CROSS-REFERENCED TO THE	
ST The (1) cor aut	3.35(i) FOOD PROCURE, ORE/PREPARE/SERVE - SANITARY e facility must - Procure food from sources approved or nsidered satisfactory by Federal, State or local horities; and (2) Store, prepare, distribute and ve food under sanitary conditions			
F 371 Co	ntinued From page 6	F 371	If Continuation sheet Page 6 of 8	

n CMS-2567 (2-99) W 17 707

Event ID WNOG11

PRINTED: 11/10/2011 FORM APPROVED

		CMEDICARE & MEDICAL	D SERVICES			OMB NO. 0	9938-0391
	STATEMENT OF C		(X1) PROVIDERS/SUPPLIE IDENTIFICATION NUMBE		(X2) MU	LTIPLE CONSTRUCTION	(X3) DATE SURVEY
					Α.	BUILDING	COMPLETED
			345308		В.	WING	С
]		10/26/2011
		IDER OR SUPPLIER n/Wendell Outpatient and SNF			535 West	ADDRESS, CITY, STATE, ZIP CODE Gannon Avenue NC 27545	
	(X4) ID	SUMMARY STATEME	NT OF DEFICIENCIES	ID	PROV	VIDER'S PLAN OF CORRECTION	(X5)
l	PRÉFIX	(EACH DEFICIENCY MUST		PREFIX	i .	CORRECTIVE ACTION SHOULD BE	COMPLETI
	TAG	REGULATORY OR	LSC IDENTIFYING	TAG	'	ROSS-REFERENCED TO THE	ON DATE
1	:	INFORM	IATION		l A	APPROPRIATE DEFICIENCY)	

This REQUIREMENT is not met as evidenced As soon as the Food and Nutrition Staff were made aware that using the steam table to heat Based on observation and staff interview the plates and bowls was an infection control facility failed to keep kitchenware in storage dry issue, they changed to using freshly washed which resulted in a raw food item being placed in side containers from the dishwasher and wet kitchenware. Findings include: heating plates in the oven. Each of the 5 staff During food preparation observation in the members are receiving 1:1 education (see kitchen at 2:08 PM on 10/25/11 eighteen plastic 11/23/2011 side dishes were found in storage stacked on top content in attachment #5). of one another inside a quarter tray pan which was sitting on top of the steam table. Steam was A plate warmer was ordered for the Zebulon rising from the steam table, and all of the side kitchen on 11/10/2011. In the meantime the dishes were very wet inside. plates and side dishes are warmed as At 4:48 PM on 10/25/11 the cook had thirteen described above. plastic side dishes sitting on a tray. Twelve of the thirteen side dishes had moisture inside of them. The Food Coordinator or Dietitian will With gloved hands the cook removed tossed conduct weekly unannounced audits for salad from a colander, and placed it in one of the 11/23/2011 compliance with the new protocols at the wet side dishes. After surveyor intervention, the cook discarded the salad placed in the wet side breakfast, mid-day and the evening meal for a dish, and rewashed all plastic side dishes by period of 12 weeks beginning the week of the running them through the dish machine. The group Food Service In-service (three meals cook stated he did see moisture in the plastic per week). Audits will be presented at the side dishes which he pulled to contain the tossed quarterly OI committee and recommendations salad, and reported he retrieved the side dishes from the committee will be followed. from the tray pan on the steam table where they were stacked on top of one another. At 10:31 AM on 10/26/11 eighteen china plates Beginning in February 2012 (when the were stacked on top of one another and turned weekly monitoring interval is completed) the face down in a well of the steam table which was Food Coordinator or Dietitian will conduct turned on. Steam was rising from the steam monthly unannounced audits at the breakfast, table, and all plates had a film of water on them. mid-day or evening meal for a period of 9 At this time the cook stated these plates were months. Audits will be presented at the quarterly QI committee and recommendations from the committee will be followed. If Continuation sheet Page 7 of 8 F 371 Continued From page 7 F371 washed and stacked this morning prior to 9:00

Form CMS-2567 (2-99)

Event ID WNOG11

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

PRINTED: 11/10/2011 FORM APPROVED

STATEMENT OF DEFICIENCIES (XI) PROVIDERS/SUPPLIER/CLIA				OMB NO. 0938-0391		
AND PLAN OF (CORRECTION	(X1) PROVIDERS/SUPPLIFICATION NUMBER		(X2) MU	LTIPLE CONSTRUCTION	(X3) DATE
		IDENTIFICATION NOWIBE	SK;	Α.	BUILDING	SURVEY COMPLETED
		345308		В.	WING	С
NAME OF PROV	IDER OR SUPPLIER					10/26/2011
	n/Wendell Outpatient and SNF			535 West Zebulon,	ADDRESS, CITY, STATE, ZIP CODE Gannon Avenue NC 27545	
(X4) ID	SUMMARY STATEME	NT OF DEFICIENCIES	ID	DROI	UDEDIG BY 434 OF CORP.	
PREFIX TAG	(EACH DEFICIENCY MUST REGULATORY OR INFORM	BE PRECEDED BY FULL LSC IDENTIFYING	PREFIX TAG	(EACH C	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE PPROPRIATE DEFICIENCY)	(X5) COMPLETI ON DATE
						1

11/17/20/1

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

PRINTED: 11/24/2011 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE S COMPLI	
		345469	B. WII	√G		11/2	1/2011
	ROVIDER OR SUPPLIER ED ZEBULON/WENDI	ELL OUTPATIENT & SNF		5	REET ADDRESS, CITY, STATE, ZIP CODE 535 W GANNON AVE ZEBULON, NC 27597		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X6) COMPLETION DATE
K 029 SS=D	One hour fire rated fire-rated doors) or extinguishing system and/or 19.3.5.4 profit the approved automoption is used, the approved automoption is used, the approved automoption is used, the applied protect 48 inches from the permitted. 19.3.2 This STANDARD is A. Based on observed.	construction (with ¾ hour an approved automatic fire m in accordance with 8.4.1 tects hazardous areas. When natic fire extinguishing system areas are separated from oke resisting partitions and elf-closing and non-rated or tive plates that do not exceed bottom of the door are .1	K 029	029	Food and Nutrition staff were re-ed day of survey that no unattended depropped. A general reminder will be given to staff not to prop a door with anythit door is not in active use to get patic equipment in and out of the space. Generally doors are only held open a staff member not a door stop devion. The nursing supervisor will audit pelosing of doors weekly X 12 week monthly submitting data to the quaecommittee. Audits will be continued based on recommendations from the commit. Door stop devices found at WMZ a forbidden (attachment 1).	oor may be o all WMZ ng when a nts or for use by ee. roper s and then rterly QI	1/5/2012
K 050 SS=D	wedged open. 42 CFR 483.70 (a) NFPA 101 LIFE SA Fire drills are held a varying conditions, a The staff is familiar that drills are part of Responsibility for pl assigned only to con qualified to exercise conducted between announcement may alarms. 19.7.1.2 This STANDARD is	t unexpected times under at least quarterly on each shift. with procedures and is aware f established routine. anning and conducting drills is mpetent persons who are leadership. Where drills are 9 PM and 6 AM a coded be used instead of audible s not met as evidenced by: vation on 11/21/2011 the staff	K 050 SS=D		 The day of survey the employees pre re-educated on the missed componer fire drill procedure. That is, Use a p when a fire or signs of fire are ident? A Mandatory re-education packet w distributed to all WMZ Employees the fire drill components. Audits of staff knowledge of all comwill be done unannounced and randweek for 12 weeks beginning the fire December. After the 12 week period audits will monthly. All audit data will be submitted to the quarterly QI committee. Education a monitoring will be increased based of than 100% accuracy in employee resistantly (At 2). 	nt of the ull station fied, ill be to study uponents only every st week in go to to and on less ponse to	1/5/2012
	3	EDICHIDDI IED DEDDESENTATIVE'S SIGI	MATHE		TITLE		(X6) DATE

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.

Facility ID; 944261

If continuation sheet Page 1 of 2



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

PRINTED: 11/24/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED			
		345469	B. Wil	1G		11/2	1/2011		
NAME OF PROVIDER OR SUPPLIER WAKEMED ZEBULON/WENDELL OUTPATIENT & SNF (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				STREET ADDRESS, CITY, STATE, ZIP CODE 535 W GANNON AVE ZEBULON, NC 27597					
(X4) ID PREFIX TAG	/FACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE ROPRIATE	(X5) COMPLETION DATE		
	42 CFr 483.70 (a)	age 1 t know the fire drill procedure. AFETY CODE STANDARD	. 14	050					
K 076 SS≃D	Medical gas storage protected in accordance for Heal (a) Oxygen storage 3,000 cu.ft. are en separation.	ge and administration areas are dance with NFPA 99, lth Care Facilities. e locations of greater than closed by a one-hour upply systems of greater than nted to the outside. NFPA 99	K 076		The maintenance mechanic from P Management secured the two unset the day of survey. An additional oxygen storage cart ordered. The addition of 12 storage sections that there is always enough space a secure oxygen tanks in the future. The clinical staff members have be instructed not to leave tanks unsect oxygen storage area (see attachment The nursing supervisor or her design audit the oxygen storage areas were sure tanks are secured for a period months. Audits will be submitted to the QI and should audits be <100% the surviyed oxygen storage and audits will contoxygen storage and audits will storage and audits will storage and audits	was will insure wailable to en re- ired in the it3). gnee will kly to be of three committee pervisor iff regarding	1/5/2012		
	A. Based on obse	•			monitoring sheet attachment 1, pg	2)			

FORM CMS-2667(02-99) Previous Versions Obsolete

Event ID: WN0G21

Facility ID: 944261

If continuation sheet Page 2 of 2

John John

12/7/11

SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Office of Financial Management, HCFA, P.O. Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

rovider/Supplier Number 45469		Provider/Supplier Name WAKEMED ZEBULON/WENDELL OUTPATIENT & SNF						
Type of Survey (select all that apply)	A B C D M	Complaint Investigation Dumping Investigation Federal Monitoring Follow-up Visit Other	E F G H	Initial Certification Inspection of Care Validation Life Safety Code	I J K L	Recertification Sanctions/Hearing State License CHOW		
Extent of Survey (select all that apply) A		A Routine/Standard Survey (all providers/suppliers) B Extended Survey (HHA or Long Term Care Facility) C Partial Extended Survey (HHA) D Other Survey						

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Survey	or ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team L	eader ID								
1.	20019	10/24/2011	10/26/2011	1.50	0.00	19.75	0.00	3.25	0.50
2.	18975	10/24/2011	10/26/2011	0.50	0.00	19.75	0.00	3.25	6.50
3.	22445	10/24/2011	10/26/2011	0.50	0.00	19.75	0.00	3.25	0.50
4.	29131	10/24/2011	10/26/2011	0.50	0.00	19.75	0.00	3.25	0.50
5.									
6.									
7.									
8.					***************************************	······································			
9.		· · · · · · · · · · · · · · · · · · ·							
10.								·····	
11.									
12.				····					
13.	*								
14.									

Total SA Supervisory Review Hours.....

5.00

Total RO Supervisory Review Hours....

0.00

Total SA Clerical/Data Entry Hours....

2.00

Total RO Clerical/Data Entry Hours.....

0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

FORM CMS-670 (12-91)

102000

EventID: WN0G11

Facility ID: 944261

Page

1