							APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES					С	MB NO.	0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRU			E SURVEY IPLETED
		345216	B. WING			05/	01/2014
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDF	RESS, CITY, STATE, ZIP CODE		
WESTFIE	ELD REHABILITATION	AND HEALTH CENTER		3100 TRAMW			
				SANFORD,			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EAG	ROVIDER'S PLAN OF CORRECTIC CH CORRECTIVE ACTION SHOULI S-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 356 SS=C			F 3	56			5/23/14
	a daily basis: o Facility name. o The current date. o The total number by the following cat unlicensed nursing resident care per sl - Registered nu - Licensed prac vocational nurses (- Certified nurse o Resident census. The facility must po specified above on of each shift. Data o Clear and readab	rses. tical nurses or licensed as defined under State law). e aides. ost the nurse staffing data a daily basis at the beginning must be posted as follows: le format. ace readily accessible to					
	make nurse staffing	pon oral or written request, g data available to the public not to exceed the community					
	staffing data for a n	aintain the posted daily nurse ninimum of 18 months, or as w, whichever is greater.					
		NT 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.			F000			
				Disclaim	her		
					tements made on this plan	of	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6							(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.

05/23/2014

PRINTED: 05/28/2014

						APPROVED 0938-0391	
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
345216			B. WING			01/2014	
PROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE			
ELD REHABILITATION	N AND HEALTH CENTER						
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG		(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETION DATE	
Continued From pa	age 1	F 3	56				
The findings includ An observation marevealed a bulletin conference room of daily staff posting do observation made of revealed a new dai had been placed of An interview was con Director of Nursing PM. Upon inquiry, ther expectation wo posting to be updat weekend days. An interview was con Administrator on 4/ Administrator indica supervisor was resposting on Saturda that her expectation	ed: de on 4/28/14 at 9:12 AM board located across from ff of the main lobby included a lated 4/25/14 (Friday). An on 4/28/14 at 9:55 AM ly staff posting dated 4/28/14 in the bulletin board. onducted with the Interim (DON) on 4/29/14 at 12:31 the Interim DON stated that uld be for the daily staff ted each day, including onducted with the facility ' s 29/14 at 12:34 PM. The ated she believed the weekend ponsible to update the staff ys and Sundays. She stated in was for the daily staff posting		corr con defi all f faci set plar alle corr F35 For acti On Offi Adn Stat Satu and 300	estitute an agreement with the iciency. To remain in complia rederal and state regulations, lity has taken or will take the forth in this plan of correction n of correction constitutes the gation of compliance such th ged deficiency has been or w rected by the date or dates in 56 the residents involved, corre on has been accomplished b 5/1/14, the Receptionist and ice Manager were inserviced ministrator on completing the ffing Posting Sheets a day in urday thru Monday for the we placing the completed sheet 0 Hall nurses cart for the next	e alleged ance with the actions n. The facilityKs at the vill be idicated. ective by: Business by the Nursing advance, eekends, ts on the day. The		
reported that copies were kept by the fa An interview was co on 4/29/14 at 12:37 Administrator. Dur receptionist reporte responsible to post weekday, Monday to receptionist also sta catches up from the inquiry, she reporte	s of the daily staff postings cility 's receptionist. Onducted with the receptionist 'PM in the presence of the ing this interview, the ed that she herself was the staffing information each through Friday. The ated that on Mondays, she " e weekend." Upon further ed that the staff postings from		for t note pos beg Cor on a affe by:	the previous day and maintai ebook for a minimun of 18 m e Nurse Staffing information h sted on a daily basis and upda inning of each shift effective rrective Action has been acco all residents with the potentia ected by the alleged deficient	n in a onths. has been ated at the 5/1/14. omplished I to be practice		
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From participation The findings includ An observation marevealed a bulletin conference room of daily staff posting of observation made of revealed a new dai had been placed of An interview was can Director of Nursing PM. Upon inquiry, ther expectation wo posting to be updat weekend days. An interview was can Administrator on 4/ Administrator on 4/ Administrator on 4/ Administrator indica supervisor was res posting on Saturda that her expectation to be posted every reported that copie were kept by the far An interview was co on 4/29/14 at 12:37 Administrator. Dur receptionist reporter responsible to post weekday, Monday for receptionist also star catches up from the inquiry, she reporter Saturdays and Sum	PROVIDER OR SUPPLIER ELD REHABILITATION AND HEALTH CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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	PROVIDER OR SUPPLIER ELD REHABILITATION AND HEALTH CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 1 F 34 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 reported that the staff postings from Saturdays and Sundays were not actually posted	PROVIDER OR SUPPLIER STREET SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 1 F 356 Continued From page 1 F 356 The findings included: F 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. alle 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. On An interview was conducted with the facility 's 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 posting to aturdays 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 posting to be posted every day. The Administrator reported that topies of the daily staff posting to aturday and Sundays. She stated that her expectation was for the daily staff posting to aturday. An onducted with the receptionist. The receptionist also stated that on Mondays, she " catches up from the weekend. " Upon further inquiry, she	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF CORRECT (EACH ORDER'S PLAN OF CORRECT (EACH ORDEN'S PLAN	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ELD REHABILITATION AND HEALTH CENTER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION SHOULD BE REGULATORY OR LSC DENTIFYING INFORMATION) PRET ADDRESS, CITY, STATE, ZIP CODE Continued From page 1 F 356 The findings included: 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 constitutes the facility's allegation of compliance such that the revealed a builetin board. An interview was conducted with the Interim Director of Nursing (DON) on 4/29/14 at 12:31 F PM. Upon inquiry, the Interim DON stated that her expectation would be for the daily staff posting dated 4/26/14 (F1/4). F posting on Saturdays and Sundays. She stated that her expectation was for the daily staff posting the believed the weekend supervisor was responsible to update the statif posting on the daily staff posting the believed the state fing information has been posted on the daily staff posting the believed the weekend. Sturdays and Sundays. The Administrator reported that the serself was responsible to update the statifing posting information has been posted on a daily basis and updated at the posted vary day. The Administrator reported that the facility 's receptionist. An	

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 923117

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION			MB NO. 0938-039 (X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 345216			A. BUILDING			COMPLETED	
		B. WING			05/01/2014		
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, STATE, ZIP CODE		
WESTFI	ELD REHABILITATION	NAND HEALTH CENTER			100 TRAMWAY ROAD ANFORD, NC 27332		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETIOI DATE
F 356	Continued From pa	ige 2	F 35	56			
	 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." 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 				minimum of 18 months has been implemented and results document The audit was completed by the Administrator on 5/23/14. Measures put into place or systemic changes made to ensure that the d practice does not occur: In addition to the inservice provided Receptionist and Business Office Manager, a Nursing inservice for al time, part time and PRN RN's and I was completed on the requirement the beginning of the 7-3 shift the 30 nurse will post the Nursing Staffing Posting for that current day and upo as needed to reflect the current sta addition to this, at the beginning of and 11-7 shift, the 300 hall nurse wi update the Posting Sheet with any changes made at the beginning of during the shift. This inservice was		
	Administrator re-sta	on for retention. The ated that her expectation would sting would be done every day.			conducted by the Director of Nursin 5/22/2014. The facility has implemented a qual assurance monitor: The Director of Nursing/SDC or des will monitor this process using the O Survey Tool, reviewing compliance checking for posting and for collecti postings in notebook This audit will completed for 3 months to ensure sustained compliance. Reports will given to the monthly QOL committee corrective action initiated as approprint	ig on lity signee QA with ion of be be ee and	

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Facility ID: 923117

If continuation sheet Page 3 of 4

		AND HUMAN SERVICES				FORM	05/28/2014 APPROVED 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION ()	(X3) DATE SUR COMPLETE		
		345216	B. WING	;		05/0	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	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)		(X5) COMPLETION DATE	
F 356	Continued From pa	age 3	F	356	Compliance will be monitored and ongoing auditing program reviewed a weekly Quality of Life Meeting. Date of Compliance:5/23/14	at the		

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