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

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
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<tr>
<td>345380</td>
<td>A. BUILDING __________________________</td>
<td>C 11/06/2014</td>
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<td>B. WING _____________________________</td>
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**NAME OF PROVIDER OR SUPPLIER**  
**THE REHAB AND HC CTR AT VILLAGE GR**

**STREET ADDRESS, CITY, STATE, ZIP CODE**  
1601 PURDUE DRIVE  
FAYETTEVILLE, NC  28304

| (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 |
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<td>F 000</td>
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<td>INITIAL COMMENTS</td>
<td>F 000</td>
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<tr>
<td>F 354</td>
<td>SS=C</td>
<td>INITIAL COMMENTS</td>
<td>F 354</td>
<td>12/20/14</td>
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<tr>
<th>(X6) DATE</th>
<th>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE</th>
<th>TITLE</th>
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<tr>
<td>11/20/14</td>
<td>Electronically Signed</td>
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**Standard Disclaimer:** This Plan of Correction is prepared as a necessary requirement for continued participation in the Medicare and Medicaid programs and does not in any manner constitute an admission to the validity of the alleged deficient practice.

1.) How corrective action will be accomplished for those residents found to have been affected by the deficient practice: An ad has been run with the Fayetteville Observer and also on Indeed.com to actively seek a RN to work.

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.
### SUMMARY STATEMENT OF DEFICIENCIES

**F 354**

Continued From page 1

The administrator confirmed the facility was certified for 170 beds with current census of 85 residents.

In another interview on 11/5/14 at 4:50 PM, the DON stated she or the MDS nurse had been counted as the RN coverage during the week for approximately 6 months. The DON stated the facility staffed an RN weekend supervisor who provided the required RN staffing requirement on weekends.

The administrator stated his expectation would be that a separate RN be present daily to meet the 8 hour RN staffing requirement during the week and the administrative nurses not be counting in the staffing hours.

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**F 354**

8 hours a day Monday through Friday. Please see attached ad ran on 11/19/14. Our RN Weekend Supervisor will be covering the 8 hours a day 7 days a week until a full time RN Monday through Friday can be hired starting 11/24/14.

2.) How corrective action will be taken for those residents having potential to be affected by the deficient practice: An ad has been ran with the Fayetteville Observer and also on Indeed.com to actively seek a RN to work 8 hours a day Monday through Friday. Please see attached ad ran on 11/19/14. Our RN Weekend Supervisor will be covering the 8 hours a day 7 days a week until a full time RN Monday through Friday can be hired starting 11/24/14.

3.) What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur again: The Administrator/DON will be made aware by the staffing scheduler in the event that there will not be RN coverage of 8 hours in a 24 hour time period 7 days a week. In daily AM meetings, it will be discussed if there is not enough RN coverage for the day by the facility scheduler. If deemed necessary either the RN weekend supervisor will work throughout the week or a agency RN will be contacted.

4.) How the facility plans to monitor its performance to make sure that solutions are sustained: The Administrator/DON will be made aware by the staffing scheduler...
F 354 Continued From page 2

in the event that there will not be RN coverage within in a 24 hour time period. In daily AM meetings, it will be discussed if there is not enough RN coverage for the day by the facility scheduler. If deemed necessary either the RN weekend supervisor will work throughout the week or a agency RN will be contacted.

5.) Completion Date: The goal is to have a full time RN Monday through Friday hired within the next 30 days. This would be 12/20/2014 for a completion date. DHSR will be notified if an extension may be needed.