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

| | FOR MEDICARE & MEDICAID SERVICES | | | AH "A" FORM | | |
|--|--|---------------------------|--|----------------|--|--|
| | OF ISOLATED DEFICIENCIES WHICH CAUSE | PROVIDER # | MULTIPLE CONSTRUCTION | DATE SURVEY | | |
| NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM | | | A. BUILDING: | COMPLETE: | | |
| FOR SNFs AN | D NFs | 345279 | B. WING | 2/12/2015 | | |
| NAME OF PR | OVIDER OR SUPPLIER | | CITY, STATE, ZIP CODE | | | |
| HUNTER | HILLS NURSING AND REHABILITATION | POST OFFICE ROCKY MOUN | | | | |
| ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENC | CIES | | | | |
| F 356 | 483.30(e) POSTED NURSE STAFFING INFORMATION | | | | | |
| r 330 | 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 evi Based on observations, staff interview ar information on the Daily Nursing Staffin | nd facility record | | ate | | |
| | The findings include: 1a. On 2/9/15 at 4:00 AM, the Daily Nur 400 hall, near the main nurses ' station.' not include the resident census for the set the current day/shift. | The staffing sheet | was incomplete in that it was dated 2/ | 6/15 and did | | |
| | b. On 2/9/15 at 5:15 AM copy of the posted Daily Nursing Staffing dated 2/06/2015 was provided by the assistant director of nursing. Shortly after, a copy of staffing for 2/9/15 with staffing and resident census was provided to the surveyor. | | | | | |
| | 02/12/2015 10:06:30 AM Interview the DON (director of nursing) stated the person assigned to do the scheduling is responsible for posting the Daily Nursing Staffing, and on Fridays fills in the staffing sheets for the weekends. Last week the sheets were filled out on Friday but did not get posted. It is the DON's | | | | | |

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

The above isolated deficiencies pose no actual harm to the residents

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| AME OF PROVIDER OR SUPPLIER | | STREET ADDRESS, CITY, STATE, ZIP CODE POST OFFICE BOX 8495 | | | |
| UNTER HILLS NURSING AND REHABILI | TATION ROCKY MOUN | | | | |
|) REFIX AG SUMMARY STATEMENT OF | F DEFICIENCIES | | | | |
| Continued From Page 1 | Continued From Page 1 | | | | |
| for the weekends. It is the DON needed and to post staffing she | | e nurse on the weekends to update shee | ts posted as | | |
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| | | | | | |
| 1099 | Event ID: R4KZ11 | | If continuation shee | | |