

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

PRINTED: 07/21/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345268	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/21/2017
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARSHVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 311 W PHIFER STREET MARSHVILLE, NC 28103		
(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	
F 356 SS=C	<p>483.35(g)(1)-(4) POSTED NURSE STAFFING INFORMATION</p> <p>483.35 (g) Nurse Staffing Information (1) Data requirements. The facility must post the following information on a daily basis:</p> <p>(i) Facility name.</p> <p>(ii) The current date.</p> <p>(iii) 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:</p> <p>(A) Registered nurses.</p> <p>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law)</p> <p>(C) Certified nurse aides.</p> <p>(iv) Resident census.</p> <p>(2) Posting requirements.</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>(3) Public access to posted nurse staffing data.</p>	F 356		6/30/17	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/30/2017

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.

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F 356	<p>Continued From page 1</p> <p>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.</p> <p>(4) Facility data retention requirements. 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 evidenced by:</p> <p>Based on observation, staff interview, and record review, the facility failed to accurately report the resident census and staffing figures on the daily staff posting as evidenced by the failure to exclude the residents residing in non-Skilled Nursing Facility level of care beds from the census total and the failure to separate out the total number and actual hours worked of Registered Nurses and Licensed Practical Nurses on the daily staff posting for 62 of 62 days reviewed. The findings included:</p> <p>During the initial tour of the facility on 6/19/17 at 9:52 AM, the daily staff posting indicated the resident census total was blank and the total number and actual hours worked of the Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) were not separated. The total number of RNs and LPNs were posted as a combined total. The actual hours worked of RNs and LPNs were posted as a combined total.</p> <p>A review of the Patient List Report for 6/19/17 provided by the Administrator at 9:54 AM revealed a list with 106 names on it. The report indicated there were 97 residents in Skilled Nursing Facility (SNF) level of care beds and 9 residents in non-SNF level of care beds.</p>	F 356	<p>I & II The facility's daily staffing posting was revised on 6/20/17 by the Director of Nursing. It now breaks out RNs and LPNs and their hours worked. Also it denotes to not include non-certified beds in the census total.</p> <p>III. Regulation 483.35 and the data requirements were reviewed by the Administrator and Director of Nursing on 6/20/17. The Staff Development Coordinator, who is now the designee to ensure the posting is completed and posted, was educated on 483.35 by the Director of Nursing on 6/20/17.</p> <p>IV. The Administrator/designee will audit the posting to ensure it meets the requirements. Auditing will be done three times a week for four weeks. Then the posting will be audited once a week for two months. Results of the audit will be taken by the Administrator to the Quality Improvement Committee for further recommendations.</p>		

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F 356	Continued From page 2 A review of the daily staff posting from 4/19/17 through 6/19/17 was conducted on 6/20/17. The daily staff postings on all dates reviewed revealed the resident census total included residents in non-SNF level of care beds. Additionally, it revealed the daily staff postings on all dates reviewed had not separated the total number and the actual hours worked of RNs and LPNs. The total number of RNs and LPNs were posted as a combined total on all dates reviewed (4/19/17 through 6/19/17). The actual hours worked of RNs and LPNs were posted as a combined total on all dates reviewed (4/19/17 through 6/19/17). An interview was conducted with the Director of Nursing (DON) on 6/20/17 at 2:18 PM. She reported the employee responsible for completing the daily staff posting resigned that morning (6/20/17) and was no longer at the facility. The DON stated she was presently responsible for the daily staff posting and was able to answer any questions related to the postings. The daily staff postings from 4/19/17 through 6/19/17 were reviewed with the DON. She revealed she was unsure if the resident census total on the daily staff postings included residents who were in non-SNF level of care beds. She stated she assumed the resident census total on the posting included residents in SNF and non-SNF level of care beds, but she had to review her records to verify that information. The combined total number of RNs and LPNs on the daily staff postings from 4/19/17 through 6/19/17 were reviewed with the DON. The RN and LPN combined actual hours worked on the daily staff postings from 4/19/17 through 6/19/17 were reviewed with the DON. She revealed she was unaware the daily staff posting was required to	F 356			

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F 356	<p>Continued From page 3</p> <p>differentiate between the total number of RNs and the total number of LPNs. She additionally revealed she was unaware the daily staff posting was required to differentiate between the actual hours worked of RNs and the actual hours worked of LPNs. The DON reported the facility had been using this daily staff posting form, which combined RNs and LPNs into one category, for over a year. She indicated her expectation was for the daily staff posting to be completed as required.</p> <p>A follow up interview was conducted with the DON on 6/20/17 at 2:45 PM. She stated she reviewed the daily staff postings from 4/19/17 through 6/19/17 and had verified the resident census total on all of the aforementioned postings included residents in non-SNF level of care beds. She revealed she had not known residents in non-SNF level of care beds were to be excluded from the resident census total on the daily staff posting. The DON again indicated her expectation was for the daily staff posting be completed as required.</p> <p>An interview was conducted with the Administrator on 6/20/17 at 3:16 PM. She stated she had not known the resident census total on the daily staff posting was to exclude residents in non-SNF level of care beds. She additionally stated she had not known the total number and actual hours worked of RNs and LPNs were required to be separated. She verified the daily staff posting had been inaccurately completed on all dates reviewed from 4/19/17 through 6/19/17. She indicated the facility had been utilizing the form provided by their corporate office. The Administrator indicated her expectation was for the staff posting to be completed as required.</p>	F 356			

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F 356	Continued From page 4 An observation was conducted on 6/21/17 at 1:28 PM of the daily staff posting. The form was revised and included separate columns to differentiate between the total number of RNs from LPNs as well as the actual hours worked of RNs from LPNs. This daily staff posting also reflected the current resident census of the SNF level of care residents with the non-SNF level of care residents excluded.	F 356		