## DEPARTMENT OF HEALTH AND HUMAN SERVICES

TATEMENT OF							
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY			
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING:	COMPLETE:			
		345168	B. WING	10/27/2017			
AME OF PROV	IDER OR SUPPLIER	STREET ADDRESS,	CITY, STATE, ZIP CODE				
MACGREGOR DOWNS HEALTH AND REHABILITATION		2910 MACGREGOR DOWNS DRIVE					
		GREENVILLE,					
D REFIX							
AG	SUMMARY STATEMENT OF DEFICIENCIES	S					
F 356	POSTED NURSE STAFFING INFORMATION CFR(s): 483.35(g)(1)-(4)						
	483.35						
	(g) Nurse Staffing Information						
	(1) Data requirements. The facility must post the following information on a daily basis:						
	(i) Facility name.						
	(ii) The current date.						
	(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:						
	(A) Registered nurses.						
	(B) Licensed practical nurses or licensed vocational nurses (as defined under State law)						
	(C) Certified nurse aides.						
	(iv) Resident census.						
	(2) Posting requirements.						
	(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.						
	(ii) Data must be posted as follows:						
	(A) Clear and readable format.						
	(B) In a prominent place readily accessible to residents and visitors.						
	(3) Public access to posted nurse staffing data. 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.						
	<ul><li>(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.</li><li>This REQUIREMENT is not met as evidenced by:</li><li>Based on obseration, record review and staff interviews, the facility failed to post the correct updated</li></ul>						
	information on the Nurse Staffing Sheet located near the front lobby of the facility.						

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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## OF HEATTH AND HUMAN SERVICES

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D HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM			A. BUILDING:	COMPLETE:		
OR SNFs AND NFs		345168	B. WING	10/27/2017		
AME OF PROVIDER OR SUPPLIER		2910 MACGREG	STREET ADDRESS, CITY, STATE, ZIP CODE 2910 MACGREGOR DOWNS DRIVE GREENVILLE, NC			
EFIX G	SUMMARY STATEMENT OF DEFICIENCE	ES				
F 356	Continued From Page 1					
	Findings included:					
	During the initial tour of the facility on 10/23/17 at 6:50 AM, the facility Nurse Staffing information was observed in a glassed in bulletin board on the wall near the front lobby. The posted Nurse Staffing information was dated 10/21/17.					
	During an interview on 10/27/17 at 3:00 PM, the Director of Nursing (DON) stated there were 2-3 Nurse Staffing sheets on the bulletin board to cover each day through the weekend and each just needed to be pulled to the front. She stated the expectation was the information on the Nurse Staffing sheet would be updated daily and posted in the bulletin board.					
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