

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

PRINTED: 06/07/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345525</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/04/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS OF TAYLOR GLEN RET COM</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3700 TAYLOR GLEN LANE CONCORD, NC 28027</b>	
(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
E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 732 SS=C	<p>Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)</p> <p>§483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:</p> <p>(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.</p> <p>§483.35(g)(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.</p>	F 732		5/19/21

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

TITLE

(X6) DATE

Electronically Signed

05/19/2021

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 732	<p>Continued From page 1</p> <p>§483.35(g)(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.</p> <p>§483.35(g)(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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interview and review of required posted nurse staffing sheets revealed the facility failed to post the actual hours worked by nursing staff for 15 of 15 days reviewed for nurse staffing information.</p> <p>Findings included: A review of the posted Daily Staffing Sheet from 4/19/21 to 5/3/21 (15 days) was compared to the Daily Schedule revealed the facility listed additional hours worked by the Registered Nurses (RN). On 4/19/21, 4/20/21, 4/23/21, 4/24/21, 4/25/21, 4/28/21, 4/29/21 and 5/3/21 (8 days) the posted staffing sheet revealed a RN had worked the night shift from 7:00 PM to 7:00 AM however the schedule revealed there was not an RN scheduled during the night shift.</p> <p>On 4/21/21, 4/22/21, 4/26/21, 4/27/21, 4/30/21, 5/1/21 and 5/2/21 (7 days) the posted staffing sheet revealed a RN had worked the day shift from 7:00 AM to 7:00 PM however the schedule revealed there was not an RN scheduled during the day shift.</p>	F 732	<p>F-732 The staffing sheet identified as incorrect was immediately corrected on 5/4/2021 by the DON.</p> <p>On 5/5/2021 an audit was completed from the last 30 days of staffing to ensure all census staffing sheets were correct by the DON. The staffing sheet was modified by the DON on 5/4/2021 to assist in easier determination of staffing hours.</p> <p>On 5/5/2021, education was provided to the SDC, RN Supervisor, and Floor Nurse by the DON on how to correctly complete the staffing sheet and identify appropriate census. On 5/11/2021 education on how to correctly complete the census staffing sheet and how to correctly identify the appropriate census was provided to all facility nurses and nursing supervisors One-to-one and a return demonstration was observed.</p> <p>The DON or designee will review staffing</p>		

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F 732	<p>Continued From page 2</p> <p>A joint interview was completed on 5/4/21 at 1:42 PM with the Minimum Data Set/Staff Development Nurse (MDS) and the Director of Nursing (DON). The DON stated they are both sharing the scheduling responsibility as the facility does not have a scheduler at this time. The DON stated the night shift supervisor posts the census and fills out the posted staffing for the entire day. A review of the staffing daily schedules and posted staffing sheet from 4/19/21 to 5/3/21 was reviewed with the DON and MDS nurse. The DON stated the RN coverage was off. The DON stated that it is her expectation that the posted staffing be accurate and reflects the daily schedule.</p> <p>An interview was completed with the administrator on 5/4/21 at 2:46 PM who stated we want to make sure they put down everyone that is there, and it is done correctly.</p>	F 732	<p>sheets 5 times a week for 4 weeks to ensure accuracy. Education will be provided to any staff member identified as incorrectly completing the daily census sheet with-in 24-48 hours of the event.</p> <p>The audit results will be forwarded to the facility QAPI committee to determine if further monitoring is needed.</p>		