

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

PRINTED: 07/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/25/2023
NAME OF PROVIDER OR SUPPLIER STANLY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 625 BETHANY CHURCH ROAD ALBEMARLE, NC 28001		
(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	An unannounced recertification and complaint investigation survey was conducted on 5/22/2023 to 5/25/2023. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # XNON11.	F 000			
F 638 SS=B	INITIAL COMMENTS A recertification and complaint survey was conducted from 5/22/2023 to 5/25/2023. Event ID # XNON11. The following intakes were investigated: NC0019553. 5 of the 5 complaint allegations did not result in deficiency. Qrtly Assessment at Least Every 3 Months CFR(s): 483.20(c) §483.20(c) Quarterly Review Assessment A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to complete quarterly assessments within the required 14-day timeframe for 2 of 18 residents reviewed for Minimum Data Set (MDS) assessments (Resident #26 and Resident #4). The findings included: a. Resident #26 quarterly MDS dated 4/17/2023 was completed on 5/18/2023. b. Resident #4's quarterly MDS dated 4/17/2023 was completed on 5/18/2023.	F 638	DISCLAIMER: Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. F638 (Rev. 173, Issued: 11-22-17, Effective:	6/8/23	

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

TITLE

(X6) DATE

Electronically Signed

06/15/2023

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 638	Continued From page 1 The MDS nurse was interviewed on 5/25/2023 at 10:38 AM. The MDS nurse reported she had been "struggling with timeliness of assessments" and had other nurses helping to get the assessments caught up. The MDS nurse reported she was aware Resident #26 and Resident #4's quarterly MDS assessment was late. The Administrator was interviewed on 5/25/2023 at 1:18 PM. The Administrator reported it was not until after a mock survey conducted on 5/5/2023 that the management team realized how many assessments were late. The Administrator reported that nurses came to help with the completion of the assessments. The Administrator reported she expected the MDS assessments to be completed in a timely manner.	F 638	11-28-17, Implementation: 11-28-17) ¿483.20(c) Quarterly Review Assessment A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; The MDS Coordinator identified in the 2567, no longer works at the facility. The staff member□s last day was 5/31/23. Address how the facility will identify other residents having the potential to be affected by the same deficient practice; The new plan for MDS Coordinator coverage was implemented on 5/29/23 to ensure Quarterly MDS assessments are completed and submitted timely. On 6/1/23, the Director of Case Management and Compliance educated the MDS Coordinator providing coverage on the Federal and State regulations to ensure Quarterly MDS assessments are completed and submitted timely. The education included the instructions per the RAI manual. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;		

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F 638	Continued From page 2	F 638	Beginning 5/25/23, the Director of Case Management and Compliance or designee, will review MDS assessments for the month of May, to ensure Quarterly MDS assessments are completed and submitted timely. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; Beginning 6/19/23, the Director of Case Management and Compliance will conduct weekly 10% audit of MDS assessments for compliance with completion and timely submission. Any identified issues will be corrected at that time. Results of the monitoring will be shared with the Administrator and Director of Nursing on a weekly basis and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee. Plan of Correction date is 06/08/2023		
F 727 SS=F	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the	F 727		6/8/23	

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F 727	<p>Continued From page 3</p> <p>director of nursing on a full time basis.</p> <p>§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to have a Registered Nurse (RN) scheduled for 8 consecutive hours a day for 7 of 30 days (1/2/22, 1/3/22, 1/8/22, 1/9/22, 1/15/22, 1/16/22 and 1/8/23) reviewed for staffing. This failure had the potential to affect all residents in the facility.</p> <p>Findings included:</p> <p>A review of daily staffing assignment sheets and RN timecards for 1/1/22 through 1/15/22 and 1/1/23 to 1/15/23 revealed on 1/2/22, 1/3/22, 1/8/22, 1/9/22, 1/15/22, 1/16/22 there was no RN coverage in the facility. On 1/8/23 the staffing assignment sheet and RN timecard revealed an RN worked 4.5 hours out of the required 8 hours a day.</p> <p>A review of the posted daily staffing 1/1/22 through 1/15/22 and 1/1/23 to 1/15/23 revealed the census ranged from 42 to 46 residents.</p> <p>A joint interview on 5/25/23 at 12:25 PM with the Director of Nursing (DON) and the corporate Director of Nursing Services confirmed the dates listed above without an RN was accurate. The corporate Director of Nursing Services stated they had received approval in February 2022 from their corporate office to hire traveling nurses (RNs that travel to different facilities) and an international traveler RN to fill the void of the</p>	F 727	<p>F727</p> <p>(Rev. 211; Issued: 02-03-23; Effective: 10-21-22; Implementation: 10-24-22)</p> <p>¿483.35(b)</p> <p>Registered nurse</p> <p>¿483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>¿483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>¿483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Senior SNF Leadership will continue to contact contract agencies to assist with securing RN staff to meet the RN Staffing requirements.</p>		

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F 727	<p>Continued From page 4</p> <p>weekend RN vacancy. The DON stated that their census had been in the 40s for the last one and half years so the DON, Assistant Director of Nursing and the Minimum Data Set Nurse had counted for days during the week; Monday through Friday and had worked on some weekends but could not cover all the weekends.</p> <p>An interview with the Administrator on 5/25/23 at 1:32 PM stated that she had begun her role as the Administrator at the facility as of March of 2023, and "we are ensuring RN coverage is consistent by utilizing traveling nurses to fill the shortage and will plan to have a secondary option to alternate nursing administration to cover the weekends."</p>	F 727	<p>The facility will be conducting recruiting events with the goal of hiring RN staff to meet the RN Staffing requirements.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>Beginning 6/08/23, the contracted RN recruited to provide RN coverage will be assigned to provide the required RN Staffing.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>Beginning 06/08/2023 the Assistant Director of Nursing will be available to provide RN coverage to meet the RN staffing requirements and other RN with Administrative duties will adjust working schedules to ensure daily RN staffing requirements are met.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained;</p> <p>Beginning 06/08/2023, the Administrator or designee will conduct weekly audit of the Posted Nurse Staffing 5 times a week, for compliance with RN Staffing requirements. Any identified issues will be</p>		

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F 727	Continued From page 5	F 727	corrected at that time. Results of the monitoring will be shared with the Corporate Director of Nursing Services on a weekly basis and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee. Plan of Correction date is 06/08/2023	