

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

PRINTED: 02/04/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/15/2025
NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		
(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 000	INITIAL COMMENTS A complaint investigation was conducted 1/15/25. The following intakes were investigated NC00225706 and NC00225507. Event ID# HER511. None of the 4 complaint allegations resulted in deficiency.	F 000			
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(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. §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. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data	F 732		1/27/25	

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

TITLE

(X6) DATE

Electronically Signed

01/25/2025

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>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:</p> <p>Based on record review and staff interviews, the facility failed to post accurate staffing information as compared to the daily staff schedule for licensed nursing staff for 13 out of 57 days reviewed for sufficient staffing. The facility also failed to ensure the resident census was present on the daily nurse staffing sheets for 54 out of 57 days.</p> <p>The findings included:</p> <p>1) A review of the facility's daily posting for nursing staff for the past 57 days as compared to the daily staffing schedule included an inaccurate total number of nursing staff worked. The nursing schedules for 11/4/24, 11/8/24, 11/11/24, 11/15/24, 11/18/24, 11/22/24, 11/25/24, 11/26/24, 11/29/24, 12/1/24, 12/2/24, 12/13/24 and 12/30/24, indicated that one Registered Nurse (RN), the Unit Manager, was scheduled to work the day shift (7:00 AM to 3:00 PM). The daily posted nurse staffing sheets for 11/4/24, 11/8/24, 11/11/24, 11/15/24, 11/18/24, 11/22/24, 11/25/24, 11/26/24, 11/29/24, 12/1/24, 12/2/24, 12/13/24 and 12/30/24 documented that there was no RN coverage.</p> <p>The Staff Scheduler was interviewed on 1/15/25 at 2:50 PM. She reviewed the staffing schedule</p>	F 732	<p>On 1/15/2025 a Complaint Survey was conducted. During that time the Surveyor noted that the facility did not have correct licensed nursing staff posted for 13 of 57 days reviewed. The surveyor also noted that the facility did not have the census posted for all shifts for 54 of the 57 days reviewed.</p> <p>All residents have the potential to be affected. Nurse staffing data and the census was corrected for the date 1/15/2025 by the Administrator.</p> <p>An in-service to the DON, ADON, Unit Manager, and scheduler was initiated on 1/18/2025 by the Administrator to review the correct procedure for completing the daily nurse staffing sheets. Any newly hired DON, ADON or Scheduler will receive the education.</p> <p>The SDC and the Director of Nursing are responsible for implementing this plan. The Director of Nursing, Unit Manager, and/or the Assistant Director of Nursing to monitor daily for 4 weeks, then weekly for 2 months the posting of the nurse data staffing sheets to ensure they are posted</p>		

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F 732	<p>Continued From page 2</p> <p>and daily postings and verified the postings did not correlate for the RN coverage. She explained that the Unit Manager, who is a RN, was working on those days and didn't realize that she should be counted as RN coverage on the daily nurse staffing sheets.</p> <p>The Administrator was interviewed on 1/15/25 at 3:40 PM, and stated he expected the daily staff posting to be an accurate reflection of the staff that worked.</p> <p>2) A review of the facility's daily posting for nursing staff for the past 57 days did not include a resident census number for 7:00 AM to 3:00 PM, 3:00 PM to 11:00 PM or 11:00 PM to 7:00 AM. This included all days from 11/4/24 to 11/30/24 as well as all days from 12/1/24 to 12/31/24 except for 12/18/24, 12/24/24 and 12/26/24.</p> <p>The Staff Scheduler was interviewed on 1/15/25 at 2:50 PM. She reviewed the daily staff postings and verified they did not include a resident census. She stated she was unaware this was required to be completed.</p> <p>The Administrator was interviewed on 1/15/25 at 3:40 PM and stated he would expect the resident census to be present on the daily staff posting as required.</p>	F 732	<p>with the correct census and correct licensed nursing staff data utilizing the QI Monitoring Tool for Nurse Staff Posting. Opportunities to be corrected by the Director of Nursing, Unit Manager, and/or the Assistant Director of Nursing as identified during the quality monitoring.</p> <p>The results of these reviews to be submitted to the QAPI Committee by the Director of Nursing for review by the IDT members monthly. Quality monitoring schedule modified based on findings. The QAPI Committee to evaluate and modify monitoring as needed.</p>		