

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

PRINTED: 03/03/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345530	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/30/2025
NAME OF PROVIDER OR SUPPLIER PENN NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 618-A S MAIN STREET REIDSVILLE, NC 27320	
(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 1/27/25 through 1/30/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # NZ7E11. INITIAL COMMENTS	F 000		
F 727 SS=E	A recertification and complaint investigation survey was conducted from 1/27/25 through 1/30/25. Event ID# NZ7E11. The following intake were investigated NC00223533 and NC00211713. 3 of the 3 complaint allegations did not result in deficiency. 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 director of nursing on a full time basis. §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: Based on the record review and staff interviews, the facility failed to schedule a Registered Nurse	F 727	The statements included are not an admission and do not constitute	2/26/25

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

TITLE

(X6) DATE

Electronically Signed

02/20/2025

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 727	<p>Continued From page 1</p> <p>(RN) for at least 8 consecutive hours a day for 4 of 60 days (12/7/24, 12/24/24, 1/3/25, and 1/28/25) reviewed for staffing.</p> <p>Findings included:</p> <p>Review of the facility's daily staff posting and staffing schedules from 12/1/24 through 1/28/25 revealed the following:</p> <p>a.) On 12/7/24 the daily staff posting indicated daily census of 67 and 1 RN working for both evening shift (3PM - 11 PM) and night shift (11 PM to 7 AM). Review of the staffing schedule revealed there was no RN working on any shift that day.</p> <p>b.) On 12/24/24 the daily staff posting indicated daily census of 65 and 1 RN working for both evening shift (3PM - 11 PM) and night shift (11 PM to 7 AM). Review of the staffing schedule revealed there was one RN working from 7 PM to 12 PM, which was for 4 consecutive hours that day.</p> <p>c.) On 1/3/25, the daily staff posting and staffing schedule indicated the daily census of 62 and "0" (zero) RN on duty.</p> <p>d.) On 1/28/25, the daily staff posting and staffing schedule indicated daily census of 67 and "0" (zero) RN on duty.</p> <p>During an interview on 1/30/25 at 12: 00 PM, the Scheduler indicated she had included the Minimum Data Set (MDS) nurses and Assistant Director of Nursing (ADON) as RN for the day. There were RNs available in the facility but were not on the cart or assigned to the residents.</p>	F 727	<p>agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <ol style="list-style-type: none"> 1. Facility failed to ensure that proper RN coverage (8 consecutive hours per day) was maintained. Staff schedules were reviewed immediately to ensure proper RN coverage is scheduled. 2. An audit was conducted by the Director of Nursing and Staffing Coordinator on 1/29/25 of the previous 3 months to ensure proper RN coverage was maintained. 3. Registered Nurses and Staffing Coordinator received education beginning on 1/30/25 by the Director of Nursing on requirements for proper RN coverage. Education will be completed by 2/24/25. Staff schedules will be altered by the Director of Nursing or Staffing Coordinator to ensure proper RN Coverage is maintained. Director of Nursing or Designee will audit daily schedules 5 days per week x 12 weeks to ensure proper RN coverage is maintained. 4. Data obtained during the audit process will be analyzed for patterns and trends 		

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F 727	Continued From page 2 During an interview on 1/30/25 at 12:18 PM, the Director of Nursing (DON) stated she overlooked the daily staffing schedule to ensure the staff were properly scheduled for the day. There was no difference in the number of staff scheduled for weekdays or weekends. Staffing was based on census and acuity of the resident. The DON indicated the scheduler was in constant contact with the DON related to staffing. The DON stated she does not review the Payroll Based Journal (PBJ) report to ensure there was an RN working 8 consecutive hours a day for 7 days. The Administrator reviews and submits the PBJ report. The DON stated she was only assigned to work on the medication cart when needed which was very rare and the facility was unable to find an RN to work the shift. During an interview on 1/30/25 at 12:45 PM, the Administrator indicated that he does the validation and submission of PBJ report to Center for Medicare and Medicaid (CMS). The DON and the scheduler work closely to ensure adequate staff and RN for 8 consecutive hours/ day were available for patient care. The staffing was based on the census and acuity of the resident.	F 727	and reported to QAPI by the Director of Nurisng Monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance. 5. Person Responsible: Director of Nursing and Staffing Coordinator		