


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

PRINTED: 03/28/2011
FORM APPROVED
OMB NO. 0938-0391

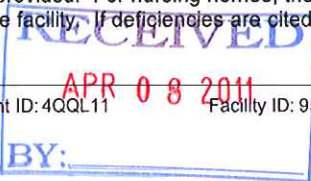
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|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345483 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/17/2011 |
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| NAME OF PROVIDER OR SUPPLIER SHAIRE NURSING CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 1450 SHAIRE CENTER DR LENOIR, NC 28645 |
|--|--|

| (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 167 SS=C | <p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, resident interviews and staff interview, the facility failed to post notices which informed residents and visitors of the location of the most recent annual survey results.</p> <p>The findings are:</p> <p>During a meeting with the facility's Resident Council on 03/16/2011 at 1:00 PM thirteen (13) of fourteen (14) residents, who were identified by the facility as interviewable, stated they did not know where the survey results were located. They further stated they were unaware they had access to the information and would like to review the survey results.</p> <p>Observations made on 03/16/2011 at 2:00 PM of the front lobby and main hallway leading from the main entrance to the main nursing station revealed no sign relating to the location of the survey results. Survey results were in a binder in the front lobby but no sign directed attention to the binder. The binder was clearly labeled</p> | F 167 | <p>This Plan of Correction is submitted to address deficiencies cited under Tag #F167.</p> <p>This is to state that we do not concur with this recommendation as stated for deficient practice. Upon finding stated deficiencies.</p> <p>On March 17, 2011, a framed document was placed on the wall in the entrance hallway of the facility to notify residents, families, and visitors as to the location of the recent facility survey results. A member of the QA committee has been assigned the duty of monitoring that the document remains in place on a weekly basis and will report findings to the QA committee. (See attached picture verification)</p> <p>Additionally the information of the location of the recent facility survey results have been added to the admission package under general policies/resident rights. Each resident receives and will continue to receive a copy upon admission. The Activity Director, facilitating monthly Resident Council meetings, will be responsible for re-educating residents that the recent facility survey results remain in a three ring binder, clearly labeled "Survey Results", within wheelchair reach located in the front lobby of the facility during each meeting. The Administrator will review meeting minutes on a monthly basis to assure the information has been discussed and reviewed.</p> | 3/18/11 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE <i>Administrator</i> | (X6) DATE <i>3/15/11</i> |
|---|-------------------------------|-----------------------------|

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 167 | <p>Continued From page 1</p> <p>"Survey Results" and within wheelchair reach.</p> <p>An interview with Resident #10 on 03/17/2011 at 8:55 AM revealed she "thought they were stamped up on that board where you come in the front door near the lobby."</p> <p>Interview with the Director of Nursing on 03/17/2011 at 11:48 AM revealed a sign, which notified residents and visitors where the survey results were located, had previously been posted on the bulletin board outside the restorative dining room. She stated the bulletin board was changed about a month ago and staff must have forgotten to put the sign back up.</p> | F 167 | | | |

