STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345006	A. BUILDING _____ B. WING _____	C 07/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUMENTHAL NURSING & REHABILITATION CENTER	**3724 WIRELESS DRIVE GREENSBORO, NC 27455**

(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 156 SS=C	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section. The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate. The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal	F 156		7/20/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/16/2015

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 156	Continued From page 1 funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements. The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care. The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.	F 156		

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F 156	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to post Resident Medicare/Medicaid Benefits for 120 (the current resident census) out of 134 possible residents (the facility ' s capacity) for 3 of 4 days of the survey. Findings included An initial tour of the facility was conducted on 6/29/15 at 11:00 AM. The tour included all common areas, facility halls, the dining room, and resident rooms. No signage was observed posted to address resident benefits related to Medicare and Medicaid. A facility tour was conducted on 6/30/15 at 8:00 AM. The tour included all common areas, facility halls, and resident rooms. No posted Medicare/Medicaid Benefits signage was observed. A facility tour was conducted on 7/1/15 at 8:53 AM and included all common areas, facility halls, and resident rooms. No posted Medicare/Medicaid Benefits signage was observed. An interview was conducted on 7/1/15 at 9:10 AM with the director of operations. The director of operations stated the maintenance had not replaced the signage after renovations were made. She further stated she had not observed any Medicare/Medicaid Benefits signage anywhere in the facility. A tour of the facility was conducted on 7/1/15 at 9:30 AM with the facility ' s Human Resources/Payroll representative. The representative stated she had not observed any Medicare/Medicaid Benefits signage in the entire	F 156	¿Submission of this response to the Statement of Deficiencies by the undersigned does not constitute an admission that the deficiencies existed and/or were correctly cited and/or require correction¿ 1. No individual residents were affected by the deficient practice. 2. All residents could have been affected by the deficient practice; the maintenance director re-hung the Medicare/Medicaid Benefits signage to eye level for wheelchair bound residents. 3. If at any time there are any building renovations that would require removing any wall hangings. The Medicare/Medicaid Benefits will be relocated to be displayed in another area visible to residents and families. 4. The Medicare/Medicaid Benefits signage will be audited by facility administrator weekly for 1 month, and then monthly for 3 months to ensure not removed. A summary of the audits will be reviewed during the monthly QAPI meetings by Administrator and Interdisciplinary team and changes will be made as indicated. These changes will be reviewed/re-evaluated during the monthly QAPI meetings with any revisions made as indicated to assure continued effectiveness of current plan. The facility policy will be revised as changes are indicated.	

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F 156	Continued From page 3 facility during the tour. An observation was made on 7/1/15 at 10:30 AM of the Medicare/Medicaid Benefits signage after it was installed on a wall near the lobby of the facility. The signage was hung 6 feet from floor level on a wall near the lobby entrance of the facility. An interview with the facility administrator was conducted on 7/1/15 at 10:30 AM. She stated the Medicare/Medicaid Benefits signage was installed on 7/1/15 at 9:45 AM by the maintenance supervisor. She further stated she could not speak to all the resident ' s visual acuity or ability to read the signage from a seated position in a wheelchair where the signs were hung. She further stated she could not speak for the residents. An interview with the maintenance supervisor was conducted on 7/1/15 at 10:37 AM and revealed he thought the Medicare/Medicaid Benefits signage was too high (at 6 feet from ground level) for wheelchair bound residents to read from a seated position. An observation was made on 7/1/15 at 10:38 AM of the maintenance director lowering and re-hanging the Medicare/Medicaid Benefits signage to eye level for wheelchair bound residents.	F 156		
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for	F 356		7/20/15

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F 356	Continued From page 4 resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. 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. 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. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to post nurse staffing information for 120 (the current resident census) out of 134 possible residents (the facility ' s capacity) for 3 of 4 days of the survey. Findings included An initial tour of the facility was conducted on 6/29/15 at 11:00 AM. The tour included observations of common areas, resident rooms, the dining room, and all halls of the facility. No staff posting was observed in any area of the facility. A facility tour was conducted on 6/29/15 at 4:00	F 356	¿Submission of this response to the Statement of Deficiencies by the undersigned does not constitute an admission that the deficiencies existed and/or were correctly cited and/or require correction¿ 1. No individual residents were affected by the deficient practice. 2. All residents could have been affected by the deficient practice; the administrative assistant was educated by facility administrator regarding regulation F356 which included timely posting of	

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F 356	Continued From page 5 PM. The tour included observations of common areas and all halls of the facility. No staff posting was observed in any area toured. A facility tour was conducted on 6/30/15 at 8:00 AM. The tour included observations of common areas and all halls of the facility. No staff posting was observed in any area toured. A facility tour was conducted on 7/1/15 at 8:53 AM. The tour included observations of common areas and all halls of the facility. No staff posting was observed in any area toured. On 7/1/15 at 9:02 AM, an interview was conducted with the director of operations. The director of operations stated it was the administrative assistant ' s responsibility to post the staffing on a daily basis. If the administrative assistant was not present it was the administrator ' s responsibility to post the daily staffing. The director of operations further stated there was a weekend secretary responsible for posting the staff posting. On 7/1/15 at 9:05 AM an interview was conducted with the administrative assistant. The administrative assistant stated she had the posted staff form, but had no staffing information to fill in the form at that time.	F 356	nurse staffing information. 3. The staffing coordinator will provide daily staffing sheets to the administrative assistant who will ensure sheets are posted at the beginning of each shift. The Director of Nursing and/or administrative nurse and administrative assistant will complete staffing sheet to ensure posting for first shift and monitor for updates each shift. For weekend daily staffing posting, night nurse will ensure daily staffing posted for first shift and manager on duty will monitor and update for changes. 4. The daily staffing report will be audited by facility administrator and/or Manager on duty daily for 1 month and then monthly for 3 months to ensure daily staffing is posted. A summary of the audits will be reviewed during the monthly QAPI meetings by Administrator and Interdisciplinary team and changes will be made as indicated. These changes will be reviewed/re-evaluated during the monthly QAPI meetings with any revisions made as indicated to assure continued effectiveness of current plan. The facility policy will be revised as changes are indicated.	