

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

PRINTED: 11/22/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345534</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/26/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SANFORD HEALTH &amp; REHABILITATION CO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2702 FARRELL ROAD</b> <b>SANFORD, NC 27330</b>	
(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 356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o 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: <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> </li> <li>o Resident census.</li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>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.</p> <p>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: Based on observation and staff interviews, the facility failed to post nursing staffing for 2 consecutive days for staff, residents, and visitors in the nursing facility. Findings included:</p>	F 356	<p>1.) The Daily facility staff posting for 8/26/16 was completed by the receptionist and posted in the Main Lobby of the facility on 8/26/16 in the evening.</p>	9/19/16

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

TITLE

(X6) DATE

Electronically Signed

09/19/2016

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 356	Continued From page 1  At 9:15 AM on 8/26/16, an observation of the posted nursing staffing revealed that nursing staffing had not been posted since 8/24/16.  At 6:45 PM on 8/26/16, an observation of the posted nursing staffing revealed that it had still not been updated since 8/24/16.  In an interview with the acting Director of Nursing (DON) at 7:07 PM on 8/26/16, she stated that front desk staff was responsible for daily staff posting in lobby, but she was not sure who was responsible for updating the staffing and giving it to the front desk staff to post.  In an interview with the Administrator at 7:43 PM on 8/26/16, he stated that front desk staff was responsible for putting the nursing information on the sheets based on staffing information provided by the scheduler and posting the sheet in the lobby. He reported that the staff at the front had been filling in for the regular staff person, so it was possible that they were not aware of this process. The Administrator stated that his expectation was that the staffing would be posted daily and he reported that he would be doing daily audits moving forward to ensure the information was posted.	F 356	2.) 100% of Receptionists received an in-service beginning 8/31/16 by the Nurse Consultant to assure the daily staff posting was updated and posted each day at the beginning of their work day. All newly hired receptionists will be educated to assure the daily staff posting is completed at the beginning of their shift. 3.) Utilizing a Staffing Posted Audit tool, the Assistant Director of Nursing will validate the daily postings are accurate weekdays x 2 weeks. The Manager on Duty will audit the postings on each weekend x 2 weekends. Then, the Assistant Director of Nursing will audit the staff posting 2 times weekly times 2 weeks, and the Manager on Duty will audit the weekend posting x 1 weekend. Then monitoring will continue once weekly x 8 weeks and 1 weekend x 2 months. The Administrator will review and initial the Audit tool weekly x 12 weeks for trends and concerns. 4.) The Administrator will present the findings of the audits to the Executive Quality Assurance Meeting monthly x 3 months for trends and the need for continued monitoring.		
F 520 SS=C	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS  A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the	F 520		9/19/16	

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F 520	<p>Continued From page 2 facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility's Quality Assessment and Assurance (QA) Committee failed to maintain implemented procedures and monitor these interventions that the committee put into place in December of 2015. This was for a recited deficiency which was originally cited in November of 2015 on a complaint investigation survey. The deficiency was in the area of posted nurse staffing information. This continued failure of the facility during two federal surveys of record showed a pattern of the facility's inability to sustain an effective QA program. Findings included:</p> <p>This tag is cross-referenced to:</p> <p>1. F 356: Posted Nurse Staffing: Based on</p>	F 520	<p>1.) The Daily facility staff posting for 8/26/16 was completed by the receptionist and posted in the Main Lobby of the facility on 8/26/16 in the evening.</p> <p>2.) 100% of Receptionists received an in-service beginning 8/31/16 by the Nurse Consultant to assure the daily staff posting was updated and posted each day at the beginning of their work day. All newly hired receptionists will be educated to assure the daily staff posting is completed at the beginning of their shift.</p> <p>3.) Utilizing a Staffing Posted Audit tool, the Assistant Director of Nursing will validate the daily postings are accurate weekdays x 2 weeks. The Manager on Duty will audit the postings on each</p>		

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F 520	Continued From page 3 observation and staff interviews, the facility failed to post nursing staffing for 2 consecutive days for staff, residents, and visitors in the nursing facility. During the complaint investigation survey in November of 2015, the facility failed to accurately post nurse staffing information. During the current complaint investigation survey, the facility failed to post updated nurse staffing information for 2 days. In an interview with the facility ' s Administrator on 8/26/16 at 7:43 PM, he stated that he had been made aware of the issues that were identified during the current complaint investigation survey related to the lack of up to date staffing information. He acknowledged that he understood that it was considered a QA program concern, by federal standards, when there were repeat citations regardless of the specific reasons for the deficiencies.	F 520	weekend x 2 weekends. Then, the Assistant Director of Nursing will audit the staff posting 2 times weekly times 2 weeks, and the Manager on Duty will audit the weekend posting x 1 weekend. Then monitoring will continue once weekly x 8 weeks and 1 weekend x 2 months. The Administrator will review and initial the Audit tool weekly x 12 weeks for trends and concerns. 4.) The Administrator will present the findings of the audits to the Executive Quality Assurance Meeting monthly x 3 months for trends and the need for continued monitoring.		