

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

PRINTED: 07/18/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345571	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2017
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NAME OF PROVIDER OR SUPPLIER CAROLINA BAY HEALTHCARE CTR OF WILMINGTON LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 630 CAROLINA BAY DRIVE WILMINGTON, NC 28403
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F 356 SS=C	<p>483.35(g)(1)-(4) POSTED NURSE STAFFING INFORMATION</p> <p>483.35 (g) Nurse Staffing Information (1) Data requirements. The facility must post the following information on a daily basis:</p> <p>(i) Facility name.</p> <p>(ii) The current date.</p> <p>(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:</p> <p>(A) Registered nurses.</p> <p>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law)</p> <p>(C) Certified nurse aides.</p> <p>(iv) Resident census.</p> <p>(2) Posting requirements.</p> <p>(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.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>(3) Public access to posted nurse staffing data.</p>	F 356		6/26/17
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/26/2017
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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	<p>Continued From page 1</p> <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>(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. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to post the correct Nurse Staffing Information sheet located in the lobby of the facility. Findings included:</p> <p>On entry into the facility on 06/04/17 at 10:35 AM the facility Nurse Staffing Information was observed in a plastic stand on a shelf near the Reception desk. The posted Nurse Staffing Information was dated 05/31/17 and showed a census of 23.</p> <p>In an observation on 06/04/17 at 12:21 PM the Nurse Staffing Information was observed in the same plastic stand on a shelf near the Reception desk. The posted Nurse Staffing Information was now dated 06/04/17 and showed a census of 21.</p> <p>In an interview on 06/04/17 at 1:25 PM Nurse #1 stated she had taken over the responsibility of posting the Nurse Staffing Information in May 2017. She indicated she was not in the facility on 06/01/17 or 06/02/17 and that the Director of Nursing (DON) was responsible for the task when she was not there on weekdays. Nurse #1 stated that on weekends it was the responsibility of the receptionist to post the Nurse Staffing Information.</p>	F 356	<p>F 356</p> <p>A corrective action for affected resident:</p> <p>No specific resident was mentioned. The daily staffing records for June 4, 2017 was posted immediately by DON. Nurse staffing information will be posted daily on the shelf at the reception desk. All current residents have the potential to be affected by the alleged deficient practice. The Staff Development Coordinator or designee will complete the nurse staff posting information when the staffing matrix is completed prior to the end of day for the next day or next three days if posting is for Friday-Monday. The nurse staff posting information will be put in the display holder at the reception desk and will be updated at the beginning of each shift by the 2000 hall nurse. This will begin on June 23, 2017</p> <p>Systemic Changes</p> <p>On June 23, 2017 the Staff Development Coordinator began in servicing the full</p>		

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F 356	Continued From page 2 In an interview on 06/04/17 at 1:29 PM the Receptionist indicated she had attempted to post the correct Nurse Staffing Information on 06/03/17 and 06/04/17 but that the information was not available. She indicated she did not inform anyone that the correct Nurse Staffing Information was not posted. In an interview on 06/04/17 at 2:35 PM the DON stated Nurse #1 usually prepared the Nurse Staffing Information sheets and gave them to the receptionist. She indicated she did not notice on 06/01/17 or 06/02/17 that the incorrect information was posted. The DON stated she expected the Nurse Staffing Information be posted daily.	F 356	time, part time and prn RN's and LPN's, Administrator, Director of Nursing and Receptionist on the following topics. The daily nursing staffing data must be posted/updated daily at the beginning of each shift. The staffing data must include the following components: <ul style="list-style-type: none"> • Facility name • Current Date • Total number and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ol style="list-style-type: none"> 1. Registered Nurses 2. Licensed Nurses 3. Certified Nursing Assistants • Resident Census The required staffing information is posted daily in a clear and readable format. It is located in a prominent place readily accessible for residents and visitors. Any in-house staff member who did not receive in-service training by June 26, 2017 will not be allowed to work until training has been completed. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Quality Assurance The Administrator or designee will complete QA tool staff posting daily		

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F 356	Continued From page 3	F 356	Monday thru Friday for one month and weekly for two months to ensure the daily posting is present and accurate. Any discrepancies will be reported to the QA committee by the Administrator or Director of Nursing to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly QA Meeting. The weekly QA Meeting is attended by the Director of Nursing, MDS Coordinator, Support Nurse, Therapy, HIM, Dietary Manager and the Administrator Effective 6/26/2017	