

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

PRINTED: 10/02/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/17/2017
NAME OF PROVIDER OR SUPPLIER HILLCREST RALEIGH AT CRABTREE VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(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=B	<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		9/14/17	

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

TITLE

(X6) DATE

Electronically Signed

09/08/2017

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 record review and observations, the facility failed to post the correct number of certified beds occupied on the posted staffing sheet for 3 of 4 days during the recertification survey.</p> <p>Findings included:</p> <p>The daily staffing hours posting was observed on 8/14/17 at 3:30 PM and it stated that the census was 96 residents. An interview with the Administrator on 8/14/17 at 10:15 AM revealed that the census was 89.</p> <p>The daily staffing hours posting was observed on 8/15/17 at 4:16 PM and stated that the census was 96. The administrator stated that the census was 93 on 8/15/17 at 4:17 PM.</p> <p>The daily staffing hours posting was observed on 8/16/17 at 12:15 PM and the census stated that it was 90 residents. The Administrator was interviewed on 8/16/17 at 12:20 PM. She stated the census of certified bed on 8/16/17 at 12:20 PM was 93. She stated that the scheduler completed the nursing hours and census and explained the scheduler looked in the computer system and then put the census number on the</p>	F 356	<p>This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>[F 356]</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The census inaccuracy was corrected immediately upon notification of the posting error.</p> <p>Address how corrective action will be accomplished for those residents having potential to be affected by the same deficient practice.</p> <p>The administrator audited the past 90 days of staff postings to ensure accuracy</p>		

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F 356	<p>Continued From page 2</p> <p>staff posting sheet. She did not know why the census said 90. She stated that they always staff as if the facility was completely full and maybe they just were not really paying attention to the census each day because they always were staffed for the same number of residents.</p> <p>The scheduler was interviewed on 8/16/17 at 12:26 PM. He stated that he would look into the facility's documentation system for the census. For the census on 8/16/17, he went with the same number the census was on 8/15/17 and didn't account for the admissions/discharges yesterday. He stated that he did not look in the documentation system for the census on 8/15/17. He was unable to state how he came up with the resident census and stated that he had not really been paying attention to it.</p> <p>The administrator was interviewed on 8/17/17 at 11:36 AM. She stated that she expected for the census posting to be accurate.</p>	F 356	<p>of census. In the event inaccuracies were identified, the correct information was documented for record-keeping purposes. Scheduler was in-serviced on how to determine the daily census taking into account daily admissions and discharges.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur;</p> <p>Random audits of staff postings will be performed during the next 30 days to ensure census information is displayed correctly. Audits will be performed 5x week for 4 weeks, then 3x weekly for 3 weeks, and then bi-weekly for 2 months. If issues are identified, an investigation will be done to determine the cause of issues and additional in-servicing will be completed as necessary.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>This plan of correction will be reviewed in the next regularly scheduled Quality Assurance meeting and evaluated for effectiveness. The Quality Assurance Committee will also review the results of the audits and consider whether additional steps need to be taken based on the audit results.</p>		