

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

PRINTED: 11/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345576	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/06/2021
NAME OF PROVIDER OR SUPPLIER PARKVIEW HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1716 LEGION ROAD CHAPEL HILL, NC 27517		
(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 000	INITIAL COMMENTS On 10/5/21-10/6/21 an unannounced complaint survey was conducted.	F 000			
F 732 SS=B	10 of 10 allegations were unsubstantiated. Event #KR1411. Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (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: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (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. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to	F 732		10/22/21	

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

TITLE

(X6) DATE

Electronically Signed

10/25/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345576	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/06/2021
NAME OF PROVIDER OR SUPPLIER PARKVIEW HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1716 LEGION ROAD CHAPEL HILL, NC 27517		
(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 732	<p>Continued From page 1 exceed the community standard.</p> <p>§483.35(g)(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 staff interview the facility failed to retain a minimum of 18 months of daily posted data that was complete and accurate. This was evident in 7 of 9 months of posted staffing data reviewed. (January, March, April, May, June, July and September 2021).</p> <p>Findings included: Review of the daily posted staffing forms revealed missing hours or missing posted staffing forms for the following dates: " No LPN and unlicensed nursing staff hours were entered for January 30, 2021. " Missing nursing hours for March 13, 2021. " Daily staffing posted forms were missing for March 14, 2021 and March 15, 2021. " Daily staffing posted form was missing for April 21, 2021. " Daily staffing posted form was missing for May 10, 2021. " Daily staffing posted forms were missing for June 8, 12 and 13, 2021. " Daily staffing posted form was missing for July 15, 2021. " Daily staffing posted form for July 24, 2021 had missing hours for all staff. " Daily staffing posted form for September 5, 2021 was missing the facility census, number of hours of RN, LPN and unlicensed staff. Interview on 10/6/21 at 9:39 AM with the staff</p>	F 732	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F732 The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited: The facility failed to retain a minimum of 18 months of daily posted data that was complete and accurate. 1. Corrective action for resident(s) affected by the alleged deficient practice : The daily posting will reflect the required information that includes: (i) Facility name.(ii) The current date.(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</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345576	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/06/2021
NAME OF PROVIDER OR SUPPLIER PARKVIEW HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1716 LEGION ROAD CHAPEL HILL, NC 27517		
(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 732	Continued From page 2 scheduler and the Director of Nurses (DON) was held. The DON stated the 3rd shift nurses were responsible for the staff posting, but no specific nurse was assigned. Continued interview with the DON stated he allowed the nurses on the 3rd shift to make the decision of who would post the staffing form. Interview on 10/6/2021 at 2 PM with the administrator stated she expected the staffing forms to be accurate (referring to the number of staff, hours, and census) and true. The administrator also stated she expected the facility to meet the requirements for retention of the posted staff forms.	F 732	shift:(A) Registered nurses.(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).(C) Certified nurse aides.(iv)and the Resident census by 10/21/2021. The daily staffing posting sheets will be retained for 18 months. 2. Corrective action for residents with the potential to be affected by the alleged deficient practice. On 10/20/2021 staffing sheets were reviewed by the Administrator from 10/13/2021 through 10/20/2021 to monitor that daily nurse staffing postings reflected the daily census on each posting with 100% compliance documented. 3. Measures /Systemic changes to prevent reoccurrence of alleged deficient practice: On 10/20/2021, the Administrator educated the Director of Nurses and Nursing Scheduler on the requirement of the facility to document on the Daily Nurse Staffing Posting the required information each day. 4. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements. The Administrator/Director of Nursing will monitor compliance utilizing the F732 Quality Assurance Tool weekly for daily nursing staff postings that include: (i)		

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

PRINTED: 11/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345576	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/06/2021
NAME OF PROVIDER OR SUPPLIER PARKVIEW HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1716 LEGION ROAD CHAPEL HILL, NC 27517		
(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 732	Continued From page 3	F 732	<p>Facility name.(ii) The current date.(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:(A) Registered nurses.(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).(C) Certified nurse aides.(iv) and resident census each day x 2 weeks then monthly x 3 months. Reports will be presented to the weekly Quality Assurance committee by the Administrator/Director of Nurses to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy Manager, Unit Manager, Health Information Manager, and the Dietary Manager.</p> <p>Date of Compliance: 10/22/2021</p>		