

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

PRINTED: 06/18/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 06/12/2012
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NAME OF PROVIDER OR SUPPLIER  WOODLANDS NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301
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(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
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F 354 SS=C	<p>483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON</p> <p>Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and facility documentation review, the facility failed to ensure a licensed nurse other than a DON (Director of Nursing) served as charge nurse for a daily occupancy of over 60 residents.</p> <p>The findings are:</p> <p>The facility 's staff schedules for October 2011, November 2011, December 2011, January 2012 and February 2012 were reviewed and revealed no designated licensed nurse other than DON on the nursing schedules was specified on some days for the following months: October 2011, November 2011, January 2012 and February 2012.</p> <p>On 6/12/2012 at 3:40 p.m. the Administrator was</p>	F 354	<p>Woodlands Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents. The plan of correction is submitted as written allegation of compliance.</p> <p>The below response to the Statement of Deficiency and plan of correction does not denote agreement with the citation by Woodlands Nursing and Rehabilitation Center. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings.</p> <p>The Director of Nursing or designee will monitor daily staffing sheets daily to ensure a registered nurse, other than the Director of Nursing is scheduled for eight consecutive hours per day as the RN Supervisor.</p>	6/13/12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Elizabeth England*

TITLE

NHA

(X6) DATE

6-25-2012

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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NAME OF PROVIDER OR SUPPLIER  WOODLANDS NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301		
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F 354	Continued From page 1 interviewed and reported the facility had been without a designated licensed nurse other than DON serve as charge nurse on October 31, 2011 census 68, some days in November 2011(11/10/2012 census 67,11/14/2012 census 66 ,11/18/2012 census 70,11/22/2012 census 68,11/23/2012 census 67, 11/25/2012 census 67), January 2012(1/9/2012 census 67,1/12/2012 census 69,1/13/2012 census 68,1/16/2012 census 68,1/17/2012 census 67,1/18/2012 census 68,1/19/2012 census 68,1/20/2012 census 70,1/24/2012 census 68,1/25/2012 census 69,1/26/2012 census 69, 1/27/2012 census 69) and February 2012 ( 2/7/2012 census 64,2/10/2012 census 61, 2/17/2012 census 62). The administrator further reported that she had been looking diligently to hire an ADON (Assistant Director of Nursing) but she did not succeed in hiring one during the months of November 2011, January 2012 and February 2012. The Administrator further added that she was aware that a facility of an average of over 60 residents was required to have a DON (Director of Nursing) and a designated licensed nurse as charge nurse for at least 8 hours a day. Administrator further added she was finally able to hire an ADON in April.	F 354	The Director of Nursing or designee will audit staffing schedules and daily staffing sheet s daily to ensure a registered nurse, other than the Director of Nursing is scheduled for eight consecutive hours per day as the RN Supervisor.  The Administrator and/or Director of Nursing will ensure a RN is provided to cover as the RN supervisor at all times by using outside sources if required.  Results of staffing schedule audits will be reviewed in the QA meeting monthly x 3 months, then quarterly x 3 months.	6/13/12  6/13/12	