

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/29/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUMMERSTONE HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>485 VETERANS WAY</b> <b>KERNERSVILLE, NC 27284</b>		
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F 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the</p>	F 550		12/20/17	

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

TITLE

(X6) DATE

Electronically Signed

12/20/2017

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 550	<p>Continued From page 1</p> <p>exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, resident, family and staff interviews the facility failed to provide care in a manner to maintain the resident's dignity by not answering call bells timely for residents needing assistance with activities of daily living. This led to one resident having to wait for one hour to be placed on bed pan for a bowel movement (Resident #1) and another resident staying in a wet brief for 1.5 hours. (Resident #3). This was evident for 2 of 3 residents reviewed for dignity.</p> <p>Findings included:</p> <p>1. Resident # 1 was admitted to the facility on 10/04/17 with diagnoses of hypertension and diabetes mellitus.</p> <p>A review of Resident #1's admission minimum date set (MDS) dated 10/11/2017, revealed he was cognitively intact, required extensive 2 person assistance with bed mobility, transfers, toilet use, personal hygiene and locomotion.</p> <p>During an observation on 11/28/17 at 11:10 am the call bell for room 114 was noted to be on.</p> <p>During an interview with Nurse #1, who was assigned to the 100 hall, on 11/28/17 at 11:15 AM, Nurse # 1 revealed that there were 2 nursing assistants (NAs) for the 22 residents on the 100 hall. During this interview Nurse #2 from the 200 hall called Nurse #1 and told to her to check room 114.</p> <p>During an interview with Nurse #2, who was</p>	F 550	<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 date or dates indicated.</p> <p>F550 RESIDENT RIGHTS/EXERCISE OF RIGHTS.</p> <p>The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited;</p> <p>The facility failed to provide care in a manner to maintain the resident's dignity by not answering call bells timely for residents needing assistance with activities of daily living. This led to one resident having to wait for one hour to be placed on bed pan for a bowel movement (Resident #1) and another resident staying in a wet brief for 1.5 hours (Resident #3). This was evident for 2 of 3 resident reviewed for dignity.</p> <p>Resident #1. Resident was promptly assisted with toileting on 11/28/2017.</p> <p>Resident #3. Resident was promptly assisted with toileting on 11/28/2017.</p> <p>The procedure for implementing the acceptable plan of correction for the</p>		

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F 550	<p>Continued From page 2</p> <p>assigned to the 200 hall, on 11/28/2017 around 11:21 AM, revealed that there were 2 NAs assigned to the 200 hall for 17 residents.</p> <p>During an interview with Resident #1 on 11/28/2017 at 11:28 AM, Resident #1 indicated that he had put his call bell on because he had to have a bowel movement and needed the bed pan. He stated he put his call bell on at 11 on, he knew it was 11 am because the Price is Right had just came on.</p> <p>Resident #1 indicated last week he had soiled himself (with bowel movement) because it took so long for the staff to answer his call bell. Resident #1 stated that his call bell was on and Nursing Assistant (NA) #13 came in, cut off his call bell and stated she would be back to help him. Resident #1 stated NA #13 was not his NA for that evening.</p> <p>Resident #1 indicated that he knew how long it took because he knew what was coming on TV. Resident #1 stated it was a bad feeling waiting so long to be put on the bed pan that he soiled himself. Resident #1 revealed he felt sad and this happened a lot at night after 11pm. Resident #1 indicted that all his concerns had been reported to the facility by his roommate and family.</p> <p>During an interview with the NA #14 who was assigned to Resident #1, revealed on 11/28/17 at 12noon, that she had lunch at 11:15 does not recall Resident #1's call bell being on. NA #14 indicated another NA or Nurse could have answered the call bell and put Resident #1 on the bed pan.</p> <p>During an interview with NA #34 who was</p>	F 550	<p>specific deficiency cited;</p> <p>On 12/18/2017 through 12/20/2017, the Director of Nursing, Social Worker, Mini Data Set (MDS) Coordinator□s interviewed all alert and oriented residents in the facility to ensure that call bells were timely answered when they needed assistance with activities of daily living. On 12/18/2017 through 12/20/2017, The Director of Nursing , Social Worker, Mini Data Set (MDS) Coordinator□s observed and monitored the units to ensure that calls bells were timely answered for residents needing assistance with activities of daily living.</p> <p>On 12/4/2017 to 12/20/2017, the Director of Nursing and Regional Staff Development Nurse began in servicing all Nurses ,Nursing Assistants and all Facility staff ( Full time, Part time and PRN) that: All facility personnel must be aware of call lights at all times. Answer ALL call lights promptly whether or not you are assigned to the resident. For bedside call lights, a light and a sound will appear and be heard over the door of the resident□s room and on the board at the nursing station.</p> <p>For emergency call lights in bathrooms and shower and tub rooms, a light and a continuous sound will appear over the door of the room and on the board at the nursing station. Answer call lights in a prompt, calm, courteous manner; turn off the call light as soon as you enter the room. Never make the resident feel you are too busy to give assistance; offer further assistance before you leave the</p>		

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F 550	<p>Continued From page 3</p> <p>assigned to Resident #1 on 11/29/2017 at 5 AM revealed that she had 22 to 25 residents during the course of the night. NA #34 indicated it was hard to answer the call bells within 15 to 30 minutes and if there was another NA scheduled they would be able to meet the needs of the residents in a timely manner. NA #34 added it was a great facility but they needed more staff during this shift.</p> <p>During an interview with NA #33, on 11/29/17 at 5:16 AM she revealed they were short staffed during this shift and needed another staff person to help with residents that needed 2 person assistance. NA #33 revealed she had used the lift by herself because the "work needed to get done."</p> <p>During an interview with Nurse #3 on 11/29/2017 at 5:30 AM, revealed because the residents were asleep at night, the facility felt that 1 NA per hall was sufficient but that was not true. She stated we have some residents that need two staff for care and treatment and most of the time residents are not asleep all night and call bells are going off left and right. Nurse # 3 indicated that call bells were not answered and care was not being given in a time manner because they were short staffed during this shift.</p> <p>During an interview with NA #41 on 11/29/17 at 11 AM, revealed that during the day it was hard to answer call bell within 15 minutes because it took time to provide morning care and change residents that had bowel movements. She added sometimes other NAs do not change resident but go in the room and cut the call bell off. NA #41 indicated that they all had beepers that told them what room needed services but if you were</p>	F 550	<p>room. When providing care to residents be sure to position the call light conveniently for the resident to use. Tell the resident where the call light is and show him/her how to use the call light. Orient all new residents to the call light at the bedside as well as the call light in the bathroom and in the shower or tub rooms. Have the resident demonstrate the use of the call light to be sure he/she understands your instructions. Be sure all call lights are placed on the bed at all times, never on the floor or bedside stand. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. The facility must provide equal access to quality of care regardless of diagnosis, severity of condition, or payment source. The facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. The resident has the right to exercise his or her right as a resident of the facility. The facility must ensure that the resident can exercises his or her rights without interferences, coercion, discrimination or reprisal from the facility. The resident has</p>		

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F 550	<p>Continued From page 4</p> <p>providing care for another resident the other call bells may not be answered for 30 minutes or longer. She stated they needed another NA during the day time this would cut down on wait time for the residents. NA #41 indicated that the staff was all aware of what happened yesterday in room 114 and that Resident #1 had to wait over an hour to use the bed pan.</p> <p>During an interview with Director of Nursing (DON) on 11/29/17 at 11:30 AM she indicated that her expectation was for all staff to answer call bells within 3-5 minutes. Her expectation would be that all staff treat residents with respect and dignity while providing care for them.</p> <p>2. Resident # 3 was admitted to the facility on 9/21/17 with diagnoses of hypertension and multiple sclerosis.</p> <p>A review of Resident #3's admission minimum date set (MDS) dated 09/28/17, revealed he was cognitively intact, required extensive 2 person assistance with transfers and one person physical assist for toilet use, personal hygiene and locomotion.</p> <p>During an interview with Resident #3 on 11/28/2017 at 10:55 AM, revealed he had some issues with staffing and how long it took the staff to answer the call bells at night for him and his roommate (resident #1). Resident #3 indicated last month he waited 1.5 hours for staff to change him. Resident #3 revealed that he reported this to the facility and it's still going on. Resident #3 also revealed that one night during the third shift he could not reach his call bell and was wet from 12 AM until 6 AM. Resident #3 revealed that "he felt bad waiting so long to be changed, but if the</p>	F 550	<p>the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights.</p> <p>As of 12/20/17 no employee will be allowed to work until the training has been completed. Effective 12/20/2017, this training is incorporated into the new employee orientation program. 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.</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements; The Director of Nursing and/or Social Worker will interview 5 alert and oriented residents to ensure that call bells were timely answered when they needed assistance with activities of daily living. This will be done on weekly basis to include the weekend for 4 weeks then monthly for 3 months. The Director of Nursing and /or Social Worker and /or Mini Data Set (MDS) Coordinator will observe and monitor the units five times a week to include the weekend, to ensure that calls bells were timely answered for residents needing assistance with activities of daily living.</p>		

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F 550	<p>Continued From page 5</p> <p>facility had more staff this would not be a problem and just one NA on third shift, that not good."</p> <p>Resident #3 indicated that he knew how long it took because of the TV had the time on it. Resident #3 stated it was a bad feeling waiting so long to be changed and for staff to give you your call bell.</p> <p>During an interview with NA #34 who was assigned to Resident #3 on 11/29/2017 at 5 AM revealed that she had 22 to 25 residents during the course of the night. NA #34 indicated it was hard to answer the call bells within 15 to 30 minutes. NA #34 indicated that if there was another NA scheduled they would be able to meet the needs of the residents in a timely manner. NA #34 added it was a great facility but they needed more staff during this shift. NA #34 indicated she remember the incident of Resident #3 waiting to be changed but she indicated she had done her best to get back to him as soon as possible. "We just need more help on this shift." NA #34 indicated she does not recall Resident #3 being without his call bell from 12 AM until 6 AM.</p> <p>During an interview with NA #33, on 11/29/17 at 5:16 AM she revealed they were short staffed during this shift and needed another staff person to help with residents that needed 2 person assistance. NA #33 revealed she had used the lift by herself because the "work needed to get done."</p> <p>During an interview with Nurse #3 on 11/29/2017 at 5:30 AM, revealed because the residents were asleep at night, the facility felt that 1 NA per hall was sufficient but that was not true. She stated we have some residents that need two staff for</p>	F 550	<p>This will be done for 4 weeks then monthly for 3 months.</p> <p>Reports will be presented to the weekly QA committee by the Director of Nursing to ensure corrective action for trends or ongoing concerns is initiated as appropriate. The weekly QA Meeting is attended by the Director of Nursing, Wound Nurse, MDS Coordinator, Unit Manager, Support Nurse, Therapy, HIM, Dietary Manager and the Administrator</p> <p>The title of the person responsible for implementing the acceptable plan of correction; Administrator and /or Director of Nursing. Date of Compliance: December 20th, 2017</p>		

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F 550	Continued From page 6 care and treatment and most of the time residents are not asleep all night and call bells are going off left and right. Nurse # 3 indicated that call bells were not answered and care was not being given in a time manner because they were short staffed during this shift.  During an interview with NA #41 on 11/29/17 at 11 AM, revealed that during the day it was hard to answer call bell within 15 minutes because it took time to provide morning care and change residents that had bowel movements. She added sometimes other NAs do not change resident but go in the room and cut the call bell off. NA #41 indicated that they all had beepers that told them what room needed services but if you were providing care for another resident the other call bells may not be answered for 30 minutes or longer. She stated they needed another NA during the day time this would cut down on wait time for the residents. NA #41 indicated that the staff was all aware of what happened yesterday in room 114 and that Resident #1 had to wait over an hour to use the bed pan.  During an interview with Director of Nursing (DON) on 11/29/17 at 11:30 AM she indicated that her expectation was for all staff to answer call bells within 3-5 minutes. Her expectation would be that all staff treat residents with respect and dignity while providing care for them.	F 550			
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)  §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure	F 725		12/20/17	

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

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F 725	<p>Continued From page 7</p> <p>resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, resident interviews, family interview, staff interviews and record reviews the facility failed to provide nursing staffing of sufficient quantity and quality to provide incontinence care, toileting and answer call bells for residents who required assistance. This affected 2 out of 5 residents. (Resident #1 and Resident # 3)</p> <p>Findings included:</p> <p>This tag is cross referenced to F-500:</p> <p>F- 550 Based on observations, resident, family</p>	F 725	<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 date or dates indicated.</p> <p>F725 SUFFICIENT NURSING STAFF. The plan of correcting the specific</p>		



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F 725	<p>Continued From page 8</p> <p>and staff interviews the facility failed to provide care in a manner to maintain the resident's dignity by not answering call bells timely for residents needing assistance with activities of daily living. This led to one resident having to wait for one hour to be placed on bed pan for a bowel movement (Resident #1) and another resident staying in a wet brief for 1.5 hours. (Resident #3). This was evident for 2 of 3 residents reviewed for dignity.</p> <p>An observation of the facility on 11/29/17 at 5 AM revealed there were 1 nursing assistant (NA) present to care for 23 residents residing on the 100 hall. There was 1 NA present to care for 19 residents on the 200 hall. There was 1 NA present to care to care for 19 resident on the 300 hall.</p> <p>During an interview with the NA #14 who was assigned to Resident #1, revealed on 11/28/17 at 12noon, that she had lunch at 11:15 does not recall Resident #1's call bell being on. NA #14 indicated another NA or Nurse could have answered the call bell and put Resident #1 on the bed pan.</p> <p>During an interview with NA #34 who was assigned to Resident #1 on 11/29/2017 at 5 AM revealed that she had 22 to 25 residents during the course of the night. NA #34 indicated it was hard to answer the call bells within 15 to 30 minutes and if there was another NA scheduled they would be able to meet the needs of the residents in a timely manner. NA #34 added it was a great facility but they needed more staff during this shift.</p> <p>During an interview with NA #33, on 11/29/17 at</p>	F 725	<p>deficiency. The plan should address the processes that lead to the deficiency cited;</p> <p>The facility failed to provide nursing staffing of sufficient quantity and quality to provide incontinence care, toileting and answer calls for residents who required assistance. This affected 2 out of 5 residents. (Resident #1 and Resident #3) Resident #1. Resident was promptly assisted with toileting on 11/28/2017. Resident #3. Resident was promptly assisted with toileting on 11/28/2017. The procedure for implementing the acceptable plan of correction for the specific deficiency cited;</p> <p>On 12/18/2017 through 12/20/2017, the Director of Nursing, Social Worker, Mini Data Set (MDS) Coordinator□s interviewed all alert and oriented residents in the facility to ensure that call bells were timely answered when they needed assistance with activities of daily living. On 12/18/2017 through 12/20/2017, The Director of Nursing , Social Worker, Mini Data Set (MDS) Coordinator□s observed and monitored the units to ensure that calls bells were timely answered for residents needing assistance with activities of daily living.</p> <p>The facility has actively hired and added 19 staff members to its nursing staff since 11/29/17. This includes 6 Licensed Nurses and 13 Certified Nursing assistants to assist with coverage on all shifts including weekends. The facility continues the hiring process on-going and utilizes a corporate web site and</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/29/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUMMERSTONE HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>485 VETERANS WAY</b> <b>KERNERSVILLE, NC 27284</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 725	<p>Continued From page 9</p> <p>5:16 AM she revealed they were short staffed during this shift and needed another staff person to help with residents that needed 2 person assistance. NA #33 revealed she had used the lift by herself because the "work needed to get done."</p> <p>During an interview with Nurse #3 on 11/29/2017 at 5:30 AM, revealed because the residents were asleep at night, the facility felt that 1 NA per hall was sufficient but that was not true. She stated we have some residents that need two staff for care and treatment and most of the time residents are not asleep all night and call bells are going off left and right. Nurse # 3 indicated that call bells were not answered and care was not being given in a time manner because they were short staffed during this shift.</p> <p>During an interview with NA #41 on 11/29/17 at 11 AM, revealed that during the day it was hard to answer call bell within 15 minutes because it took time to provide morning care and change residents that had bowel movements. She added sometimes other NAs do not change resident but go in the room and cut the call bell off. NA #41 indicated that they all had beepers that told them what room needed services but if you were providing care for another resident the other call bells may not be answered for 30 minutes or longer. She stated they needed another NA during the day time this would cut down on wait time for the residents. NA #41 indicated that the staff was all aware of what happened yesterday in room 114 and that Resident #1 had to wait over an hour to use the bed pan.</p> <p>During an interview with Director of Nursing (DON) on 11/29/17 at 11:30 AM she indicated that</p>	F 725	<p>professional web based site as well as walk in applications to fill staffing needs.</p> <p>On 12/4/2017 to 12/20/2017, the Director of Nursing and Regional Staff Development Nurse began in servicing all Nurses ,Nursing Assistants and all Facility staff ( Full time, Part time and PRN) that: All facility personnel must be aware of call lights at all times. Answer ALL call lights promptly whether or not you are assigned to the resident. For bedside call lights, a light and a sound will appear and be heard over the door of the resident's room and on the board at the nursing station.</p> <p>For emergency call lights in bathrooms and shower and tub rooms, a light and a continuous sound will appear over the door of the room and on the board at the nursing station. Answer call lights in a prompt, calm, courteous manner; turn off the call light as soon as you enter the room. Never make the resident feel you are too busy to give assistance; offer further assistance before you leave the room. When providing care to residents be sure to position the call light conveniently for the resident to use. Tell the resident where the call light is and show him/her how to use the call light. Orient all new residents to the call light at the bedside as well as the call light in the bathroom and in the shower or tub rooms. Have the resident demonstrate the use of the call light to be sure he/she understands your instructions. Be sure all call lights are placed on the bed at all times, never on the floor or bedside stand.</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>SUMMERSTONE HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>485 VETERANS WAY</b> <b>KERNERSVILLE, NC 27284</b>		
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F 725	Continued From page 10 her expectation was for all staff to answer call bells within 3-5 minutes. Her expectation would be that all staff treat residents with respect and dignity while providing care for them. DON also indicated that her expectation would be that the facility have enough staff to provide care for residents in a timely manner.	F 725	<p>The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number of acuity and diagnoses of the facility's resident population in accordance with the facility assessment. The facility must provide services by sufficient numbers of each of the following types of personal on a 24-hour basis to provide nursing care to all resident in accordance with resident care plans. The facility must designate a license nurses to serve as a charge nurse on each tour of duty.</p> <p>As of 12/20/17 no employee will be allowed to work until the training has been completed. Effective 12/20/2017, this training is incorporated into the new employee orientation program. 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.</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;</p>	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/29/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUMMERSTONE HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>485 VETERANS WAY</b> <b>KERNERSVILLE, NC 27284</b>		
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F 725	Continued From page 11	F 725	<p>The Director of Nursing and/or Social Worker will interview 5 alert and oriented residents to ensure that call bells were timely answered when they needed assistance with activities of daily living. This will be done on weekly basis to include the weekend for 4 weeks then monthly for 3 months.</p> <p>The Director of Nursing and /or Social Worker and /or Mini Data Set (MDS) Coordinator will observe and monitor the units five times a week to include the weekend, to ensure that calls bells were timely answered for residents needing assistance with activities of daily living. This will be done for 4 weeks then monthly for 3 months.</p> <p>Reports will be presented to the weekly QA committee by the Director of Nursing to ensure corrective action for trends or ongoing concerns is initiated as appropriate. The weekly QA Meeting is attended by the Director of Nursing, Wound Nurse, MDS Coordinator, Unit Manager, Support Nurse, Therapy, HIM, Dietary Manager and the Administrator</p> <p>The title of the person responsible for implementing the acceptable plan of correction; Administrator and /or Director of Nursing. Date of Compliance: December 20th, 2017</p>		