

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

PRINTED: 09/21/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/24/2023
NAME OF PROVIDER OR SUPPLIER GLENFLORA			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 FAYETTEVILLE ROAD LUMBERTON, NC 28360		
(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	
E 000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 08/20/2023 through 08/24/2023. The facility was found in compliance with the requirement CFR. 483.73, Emergency Preparedness. Event ID# VON411.	E 000			
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 08/20/2023 through 08/24/2023. Event ID# VON411. The following intakes were investigated NC00205657, NC00193934, NC00196807, NC00203373. 6 of the 6 complaint allegations did not result in deficiency.	F 000			
F 732 SS=C	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	F 732		9/1/23	

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

TITLE

(X6) DATE

Electronically Signed

09/08/2023

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 732	<p>Continued From page 1</p> <p>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>§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 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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to post accurate nurse staffing information for 8 out of 19 nursing staff postings reviewed for staffing during the third quarter of 2022.</p> <p>Findings included:</p> <p>A review of the nursing staff posting (a report of nursing staff directly responsible for resident care from 04/23/22 through 06/30/22) was conducted. The nursing staff posting included the day shift 7:00 AM - 3:00 PM, the evening shift 3:00 PM - 11:00 PM, and the night shift 11:00 PM - 7:00 AM. Each shift listed the category of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Nurse Aides (CNAs), the facility census (number of residents in the facility), and a column for the number and actual hours worked.</p>	F 732	<p>GlenFlora acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents.</p> <p>GlenFlora response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that a deficiency is accurate. Further, GlenFlora reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or other administrative or legal proceedings.</p>		

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F 732	<p>Continued From page 2</p> <p>A review of the actual working assignment sheets compared to the daily nursing staff posting sheets from 04/23/22 through 06/30/22 revealed 8 out of 19 staff posting sheets were noted to have discrepancies of actual nursing staff that were physically in the facility working at the beginning of each shift including the RNs, LPNs, and CNAs.</p> <p>An interview was conducted with the Scheduler on 08/23/23 at 3:00 PM. The Scheduler stated her role as a Scheduler was to fill out the nursing staff posting sheets daily and she completed that by reviewing the monthly assignment schedule for nurses and nurse aides and recorded the facility census. She stated she completed the nursing staff posting sheet the evening before the next day and it was up to herself and the nursing staff to ensure it was updated to reflect the number of staff that were actually in the building. The Scheduler reported she had been working in this role since July 2023 and she was not working as the Scheduler in 2022.</p> <p>An interview was conducted with the Administrator on 08/23/23 at 3:15 PM. The Administrator reviewed the 8 nursing staff posting sheets compared to the staffing assignment sheets, and he confirmed that the staff did not update the facility nursing staff posting to reflect how many staff were in the building on those 8 days and they should have. He stated he needed to provide additional training to all nursing staff to ensure they understood that the nursing staff posting daily census needed to be updated to reflect the number of staff in the building to provide care to our residents.</p>	F 732	<p>F732</p> <p>The process that led to this deficiency was the facility failed to post accurate nurse staffing information for 8 of 19 nursing staff postings reviewed for staff during the third quarter of 2022.</p> <p>On 8/23/23, the director of nursing (DON) and executive director (ED) began educating the nurses on the process of updating the daily nurse staffing form when the facility receives a call out or if the census changes. The nurse that receives the call is responsible for ensuring the daily nurse staffing form is updated. Any nurse not educated by 9/1/23 will be educated prior to the beginning of the next shift.</p> <p>Any newly hired nurses will be in-serviced by the DON or Staff Development Coordinator (SDC) on the process of updating the daily nurse staffing form to reflect staff call outs and the importance of reflecting accurate census, and nursing staffing hours.</p> <p>The DON or SDC will audit the daily nurse staffing forms to ensure that nursing hours reported are accurate with the actual hours worked by nursing staff. The audit will occur three times per week for 3 weeks, and weekly for 3 weeks, then monthly for two months to ensure all daily nursing staff forms are accurate.</p> <p>The DON will forward the results of the daily nursing staff form audits to the</p>		

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F 732	Continued From page 3	F 732	<p>Executive Quality Improvement Committee monthly for 3 months. The Executive Quality Improvement Committee will review the audit tools to determine trends and/ or issues that may need further interventions.</p> <p>The ED and DON will be responsible for the implementation of corrective actions to include all 100% audits, in-servicing, and monitoring related to the plan of correction.</p>		