

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

PRINTED: 12/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/21/2023
NAME OF PROVIDER OR SUPPLIER RICH SQUARE NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 300 NORTH MAIN STREET RICH SQUARE, NC 27869	
(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 A complaint investigation survey was conducted from 11/20/23 through 11/21/23. Event ID# G8VQ11. The following intakes were investigated NC00209689, NC00202395, NC00201167, and NC00200978. 11 of the 11 complaint allegations did not result in a deficiency.	F 000		
F 727 SS=E	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) 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. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to schedule a Registered Nurse (RN) for at least 8 consecutive hours per day, 7 days a week for 10 of 63 days reviewed for sufficient staffing (4/30/23, 5/27/23, 6/03/23, 6/04/23, 6/10/23, 6/11/23, 6/17/23, 6/18/23, 6/24/23, and 6/25/23). The findings included:	F 727		11/28/23
			This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged, or the correctness of the conclusions set forth on the statement of deficiencies. This plan of correction is prepared and submitted solely because of the requirement under	

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

TITLE

(X6) DATE

Electronically Signed

12/08/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/21/2023
NAME OF PROVIDER OR SUPPLIER RICH SQUARE NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 300 NORTH MAIN STREET RICH SQUARE, NC 27869		
(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 727	<p>Continued From page 1</p> <p>The Payroll Based Journal (PBJ) data report for fiscal year 2023, Quarter 3 from April 2023 to June 2023 was reviewed. The report indicated the facility had 4 or more days within the quarter with no Registered Nurse (RN) hours. The dates provided by the report were 4/30/23, 5/27/23, 6/03/23, 6/04/23, 6/10/23, 6/11/23, 6/17/23, 6/18/23, 6/24/23, and 6/25/23.</p> <p>a. Review of the facility's nursing schedule for 4/30/23 revealed no RN was scheduled to work on that date. The time sheets for 4/30/23 were reviewed and revealed no RN had worked any shift on 4/30/23.</p> <p>b. Review of the facility's nursing schedule for 5/27/23 revealed no RN was scheduled to work on that date. The time sheets for 5/27/23 were reviewed and revealed no RN had worked any shift on 5/27/23.</p> <p>c. Review of the facility's nursing schedule for 6/03/23 revealed no RN was scheduled to work on that date. The time sheets for 6/03/23 were reviewed and revealed no RN had worked any shift on 6/03/23.</p> <p>d. Review of the facility's nursing schedule for 6/04/23 revealed no RN was scheduled to work on that date. The time sheets for 6/04/23 were reviewed and revealed no RN had worked any shift on 6/04/23.</p> <p>e. Review of the facility's nursing schedule for 6/10/23 revealed no RN was scheduled to work on that date. The time sheets for 6/10/23 were reviewed and revealed no RN had worked any shift on 6/10/23.</p>	F 727	<p>state and federal law and to demonstrate good faith attempts by the provider to improve the quality of life of each resident.</p> <p>1) How corrective action will be accomplished for resident(s) found to have been affected:</p> <p>No residents were identified as directly affected.</p> <p>(2) How corrective action will be accomplished for resident(s) having the potential to be affected by the same issue needing to be addressed:</p> <p>All residents have the potential to be affected by this alleged non-compliance and as a result, the systemic changes stated below have been put in place to prevent any risk of affecting additional residents.</p> <p>(3) What measure(s) will be put in place or systemic changes made to ensure that the identified issue does not re-occur in the future:</p> <p>On 11/27/2023 the Administrator re-educated the Director of Nursing and the scheduler regarding the daily Registered Nurse staffing requirements that require at least 8 hours of RN coverage per day, 7 days a week. The RN on duty is to also have specific responsibilities designated by the facility and will work no less than 8 consecutive hours per day, 7 days per week.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/21/2023
NAME OF PROVIDER OR SUPPLIER RICH SQUARE NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 300 NORTH MAIN STREET RICH SQUARE, NC 27869		
(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 727	<p>Continued From page 2</p> <p>f. Review of the facility's nursing schedule for 6/11/23 revealed no RN was scheduled to work on that date. The time sheets for 6/11/23 were reviewed and revealed no RN had worked any shift on 6/11/23.</p> <p>g. Review of the facility's nursing schedule for 6/17/23 revealed no RN was scheduled to work on that date. The time sheets for 6/17/23 were reviewed and revealed no RN had worked any shift on 6/17/23.</p> <p>h. Review of the facility's nursing schedule for 6/18/23 revealed no RN was scheduled to work on that date. The time sheets for 6/18/23 were reviewed and revealed no RN had worked any shift on 6/18/23.</p> <p>i. Review of the facility's nursing schedule for 6/24/23 revealed no RN was scheduled to work on that date. The time sheets for 6/24/23 were reviewed and revealed no RN had worked any shift on 6/24/23.</p> <p>j. Review of the facility's nursing schedule for 6/25/23 revealed no RN was scheduled to work on that date. The time sheets for 6/25/23 were reviewed and revealed no RN had worked any shift on 6/25/23.</p> <p>An interview was conducted on 11/21/23 at 12:30 pm with the previous Scheduler who revealed she assisted the facility with scheduling during the dates listed. She stated the facility staffing was discussed during the morning meeting with the Director of Nursing (DON), but she did not recall an RN not being scheduled for the dates listed.</p> <p>A telephone interview was conducted on 11/21/23</p>	F 727	<p>(4) Indicate how the facility plans to monitor its performance to make sure that the solutions are achieved and sustained:</p> <p>Monitoring will be done by the Administrator, Director of Nursing, or designee to monitor and ensure that through reviewing the daily staffing schedule in advance with the Director of Nursing and the Scheduler, the required daily Registered Nurse staffing requirements are met. This monitoring process will take place daily for 2 weeks, weekly for 2 weeks, then monthly for 2 months.</p> <p>The Administrator, Director of Nursing, or designee will report findings of the monitoring process to the facility Quality Assurance and Performance Improvement Committee quarterly x 1 for any additional monitoring or modification of this plan. The QAPI Committee can modify this plan to ensure the facility remains in substantial compliance.</p> <p>Compliance date 11/28/2023</p>		

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

PRINTED: 12/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345356	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/21/2023
NAME OF PROVIDER OR SUPPLIER RICH SQUARE NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 300 NORTH MAIN STREET RICH SQUARE, NC 27869		
(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 727	<p>Continued From page 3</p> <p>at 1:11 pm with the previous Director of Nursing (DON) who revealed she was the DON at the facility from May 2023 through September 2023. The DON stated when she was notified the facility did not have an RN for a shift, she was able to contact an agency to fill the vacancy. The DON stated the staffing sheets were discussed with the Scheduler, but she did not recall being notified by the Scheduler that the facility did not have an RN scheduled on the dates listed.</p> <p>During an interview on 11/21/23 at 1:30 pm with the Corporate Director of Operations and Clinical Services who revealed the facility did not have an RN scheduled for the dates listed. She stated the facility utilized agency staff to fill the vacant shifts for RN on the weekends, but she was unable to state why the facility did not have 8 hours of RN coverage for the dates listed.</p>	F 727			