

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2024
NAME OF PROVIDER OR SUPPLIER  Pettigrew Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1515 W Pettigrew Street Durham, NC 27705	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>38077</p> <p>Based on record reviews and staff interviews, the facility failed to complete a performance review every 12 months to provide in-service education based on the outcome of the performance reviews for 3 of 5 nursing assistants (NAs) reviewed (NA # 1, #2, and #3).</p> <p>The findings included:</p> <p>1a. Review of NA #1's employee file revealed a date of hire of 2/3/2016. The employee file for NA #1 did not include annual performance review documents based on the date of hire including February 2023 and February 2024.</p> <p>b. Review of NA #2's employee file revealed a date of hire of 12/23/2021. The employee file for NA #2 did not include annual performance review documents based on the date of hire including December 2022 and December 2023.</p> <p>c. Review of NA #3's employee file revealed a date of hire of 5/1/2014. The employee file for NA #3 did not include annual performance review documents based on the date of hire including for May 2022 and May 2023.</p> <p>During an interview on 4/18/24 at 3:30 PM, the Staff Development Coordinator (SDC) stated she was hired 2 months ago by the facility and was in-training for the past month. She indicated she was currently doing new employee orientation in-services and competencies. She stated she had not been in the role of SDC for very long and she had not started to review employee training files or started training nursing staff to have started completing annual performance evaluation or review.</p> <p>During an interview on 4/18/24 at 4:25 PM, the Administrator stated Nurse Aides' skills assessment /competencies should be completed at hire and annually. The facility should also have a performance review completed annually to address the needs of staff. The Administrator stated at this time the facility was unable to provide documentation to indicate Nurse Aides' annual performance reviews were completed. The Administrator indicated the skill competencies evaluation and annual performance review should be completed and signed by Staff Development Coordinator (SDC) or her designee. The Administrator stated the facility had some turnover in the SDC position, resulting in not knowing if they were completed as no documentation was available.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/18/24 at 4:30 PM, the Regional Clinical Director stated she expected staff competencies and performance review of NA's to be completed annually. She indicated there had been some changes in SDC staffing and currently only new hire competency skills assessments were available. She explained there was an online education program which consisted of learning modules allowing the NAs to receive their 12 hours yearly education. The NA's education was not based on their annual performance review. She indicated the annual skill assessment and performance review documentations were not available at this time.</p>		