STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345348	A. BUILDING _____ B. WING _____ JUL 05 2011	C 06/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING PINES NURSING & REHAB CENTER	523 COUNTRY CLUB DR FAYETTEVILLE, NC 28301

(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 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on staff and family interview and record review, the facility failed to notify the physician of	F 157	1. No action is required for resident # 1, physician was notified of x- ray result on 6/2/11. 2. a. Nursing staff was in-serviced by the Director of Nursing and the Quality Assurance RN to notify the physician of all abnormal x-ray reports in a timely manner. b Licensed nurses will continue to use the 24 hour shift report as a communication tool to report any significant change in the residents condition to oncoming staff. 3. The Director of Nursing or designee will review the 24 hour shift reports and x-ray reports daily to ensure information regarding residents is communicated to on coming staff and the physician as appropriate. X-Ray reports will be called or faxed to the physician within 24 hours of receiving the results from the x-ray company. Acute Episode Audits will be conducted daily times 3 weeks by the Director of Nursing, Quality Assurance RN or designee to ensure the physician was notified of any abnormal resident x-ray report.	6/14/11 6/18/11 7/5/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 6/30/11

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.

m.l.

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

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING PINES NURSING & REHAB CENTER	523 COUNTRY CLUB DR FAYETTEVILLE, NC 28301

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F 157	Continued From page 1 a X-ray result for 1 of 1 residents (#1). The findings include: Resident #1 was admitted to the facility on 03/04/08 with cumulative diagnoses that included SP (status post) CVA (stroke) , Gastrostomy tube placement, Pneumonia, Hypertension, Renal Cell Carcinoma, H/O (history of Constipation and Glaucoma. The resident was coded on the most recent MDS (minimum data set) dated 05/18/11 as having short and long term memory problems and as being severely impaired in the decision making process. In addition, the resident was coded as being totally dependent on staff for all ADL's (activities of daily living). A review of the medical record for the resident revealed an order dated 05/30/11 for a KUB (abdominal X-ray). A X-ray report was found in the chart that indicated that the X-ray was done on 05/30/11. The X-ray report was time stamped " Mon 30 May 2011." The X-ray report findigs were " there is moderate to marked gaseous distnetion of the colon extending down at leas to th4e distas sigmoid colon. A large amount of stool is not seen. Impression: moderate to marked distal colonic obstruction of uncertain etiology." During an interview with the X-ray company representative on 06/14/11 at 4:00 PM it was revealed " the X-ray report was received by us from the radiologist on 05/30/11 at 1:12 PM and sent to the home on 05/30/11 at 2:06 PM. It is our policy to send the report to the home right after the report is received from the radiologist." A review of the nurse notes revealed a note dated 06/02/11 timed 1330 (1:30 PM) that read " results received re: resident's KUB. MD notified	F 157	4. The facility will monitor its performance by conducting daily rounds, reviewing the 24-hour shift, reports and x-ray reports at our "Stand-up Meeting". The QA tool "Acute Episode Audit will be completed daily times three weeks by the Director of Nursing, Quality Assurance RN or designee, then monthly there after times 3 months. The results of the audits will be forwarded to the Quality Assurance Committee for review and evaluation of timely Physician notification. Additional audits or in-service training will be completed as determined by the Quality Assurance Committee. Nurses will continue to be in-serviced on timely physician notification during orientation, at least two times per year and as needed.	7/5/11

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F 157	Continued From page 2 of results new order received to transfer resident per family member request." During an interview with nurse #1 (nurse who wrote the 06/02/11 note) on 06/14/11 at 10:30 AM it was revealed "if the X-ray was done on 05/30/11 then the physician should have been called when the results were received." Nurse #1 looked at the X-ray report and stated "it was faxed to us on 05/30/11, so the nurse should have called the physician on that day. I was off for a few days and sometimes the nurses wait with reports until I am back so that I can take care of the reports. The physician should have been notified on the thirtieth. I was handed the report on 06/02/11 by nurse #2 and I called the physician at that time." During an interview with a family member on 06/14/11 at 11:30 AM it was revealed " his abdomen was distended. When I knew they were getting an X-ray I didn't ask again because I thought it would be taken care of. When I came in on 06/02/11 and saw that he was still distended I went to talk to (name of nurse #1). It was then that she told me the results of the X-ray and that she was calling the physician. She could not tell me why the physician had not been notified sooner." During an interview with nurse #2 on 06/14/11 at 3:50 PM it was revealed " the first time I saw the report was when I gave it to (name of nurse #1)." During an interview with the Director of Nursing (DON) on 06/14/11 at 11:15 AM it was revealed "the nurse should have notified the physician when the results were received."	F 157		

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F 157	Continued From page 3 During an interview with the DON on 06/14/11 at 12:29 PM it was revealed " I would expect that if the nurse knew an X-ray was done and the results had not come in that the nurse would call the X-ray company to get the results."	F 157		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to monitor and assess 1 of 1 residents (#1) who had abdominal distention. The findings include: Resident #1 was admitted to the facility on 03/04/08 with cumulative diagnoses that included SP (status post) CVA (stroke) , Gastrostomy tube placement, Pneumonia, Hypertension, Renal Cell Carcinoma, H/O (history of) Constipation and Glaucoma. The resident was coded on the most recent MDS (minimum data set) dated 05/18/11 as having short and long term memory problems and being severely impaired in the decision making process. In addition, the resident was coded as being totally dependent on staff for all ADL's (activities of daily living).	F 309	1. The physician for resident #1 wrote a new order to measure the girth of the abdomen once weekly and to report to the physician if the abdomen increased in size. 2. Nurses were in-serviced in proper chart documentation and resident assessment for acute episodes and for monitoring for changes in resident condition by the Director of Nursing and Quality Assurance RN. 3. The Director of Nursing, Quality Assurance RN or designee will continue to review the 24 hour shift reports to ensure that changes in resident condition are communicated between shifts of licensed staff. Nurse's notes will be reviewed by the Director of Nursing, Quality Assurance RN or designee daily times 3 weeks using the QA tool "Acute Episode Audits"	6/14/11 6/18/11 7/5/11

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F 309	Continued From page 4 A review of the nurse notes revealed a noted dated 05/29/11 not timed that read "resident with distended abdomen with areas of rigidity. Res. (resident) had L (large) BM (bowel movement) on 11-7 shift last night and is not impacted. All VS (vital signs) WNL (within normal limits) PA-C (physicians assistant) (name) notified and would like us to monitor for improvement. NAD (no acute distress) at this time. Family notified." There was no documentation found in the nurse notes to indicate that the facility staff had monitored the resident's abdomen until 06/02/11 1330 (1:30 PM) when the physician was notified and an order was received to send him to the hospital. During an interview with nurse #2 (7-3 nurse) on 06/14/11 at 12:18 PM it was revealed " his abdomen did not look much different to me when I did the tube feeding. I guess I should have documented how it looked." During an interview with nurse #3 (3 -11 nurse) on 06/14/11 at 2:45 PM it was revealed " I was not aware that we were to be monitoring his abdomen, no one told me about that. I gave him medications through the tube but really did not notice anything about his abdomen " During an interview with nurse #4 (11-7 nurse) on 06/14/11 at 4:20 PM it was revealed "I really don't remember anything unusual regarding the resident. I'm sorry I can't be more of a help." During an interview with the Director of Nursing (DON) on 06/14/11 at 11:15 AM it was revealed " when the PA stated to monitor the abdomen , I would expect the nurse to assess the abdominal	F 309	4. The Director of Nursing, quality Assurance RN or designee will make daily rounds, review 24 hour shift reports, nurses notes and complete the QA tool "Acute Episodes Audit" daily times 3 weeks, then monthly times 3 months to monitor acute documentation and assessments. The results of the audits will be forwarded to the Quality Assurance Committee for evaluation of compliance and for need of further monitoring. Nursing staff will continue to be in-serviced during orientation, at least two times annually and as needed in proper assessment and documentation of acute episodes.	7/5/11

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F 309	Continued From page 5 area by listening to bowel sounds, touching the abdomen to see if it was hard, to look for distention and to see if there were any non verbal signs that the resident was in pain. All this should have been documented in the residents medical record."	F 309		

Whispering Pines
NURSING & REHABILITATION CENTER
523 Country Club Drive · Fayetteville, NC 28301
Phone: (910) 488-0711 · Fax: (910) 488-8301

June 30, 2011

Ms Mary Pinto, RN
Facility Survey Consultant
Division of Health Service Regulation
Nursing Home Licensure and Certification Section
2711 Mail Service Center
Raleigh, NC 27699-2711

Dear Ms Pinto:

Enclosed you will find the revised plan of correction for the deficiencies we received during our recent complaint survey on June 14, 2011

Sincerely,

Patricia Rose
Administrator

Enclosure