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AHG 2 6 2011

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

PRINTED: 08/09/2011 FORM APPROVED OMB NO. 0938-0391

	of deficiencies F Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A BUILDING  B. WING		(X3) DATE 3 COMPLI	
WHISPER	NAME OF PROVIDER OR SUPPLIER  WHISPERING PINES NURSING & REHAB CENTER  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)				REET ADDRESS, CITY, STATE, ZIP CODE  223 COUNTRY CLUB DR  CAYETTEVILLE, NC 28301  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE  COMPLE		
			PREF		CROSS-REFERENCED TO THE APP DEFICIENCY)		DATE
F 203 SS=D	BEFORE TRANSFE		F	203	No action is required resident #1. He was readmitted to facility 8/3/11		8/3/
	if known, a family me of the resident of the the reasons for the manguage and manne the reasons in the resinclude in the notice the paragraph (a)(6) of the Except when specificathis section, the notice	nust notify the resident and, mber or legal representative transfer or discharge and love in writing and in a r they understand; record sident's clinical record; and the items described in			2. Should the facility ne to discharged or transferred a resident under provision 483.12 a notice of 30 or as soon as possible be given to the resider family member or responsible party. The reason for the discharger will be record	days will nt, se	8/3/

Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.

must be made by the facility at least 30 days

before the resident is transferred or discharged.

The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for

(a) Reason for transfer

the medical record. The

notice will include:

(b) Effective date of the transfer

(c) The location to which the resident is to be transferred or discharged.

(d) Name, address and phone number of the state long term care ombudeman.

TITLE

(XA) DATE

Carreral Bore LNHA

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

Administrator

8/26/11

Any deficioncy statement ending with an asterlak (\*) 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, on approved plan of correction is regulate to continued program participation.

	of deficiencies Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			URVEY ETED
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Į.	NOMBER OR SUPPLIER	REHAB CENTER		52	EET ADDRESS CITY, STATE, ZIP CODE 23 COUNTRY CLUB DR AYETTEVILLE, NC 28301		
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	Continued From page 1 nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.		F	203	3. Should resident		8/3/11
	by: Based on record revictable facility failed to issue a after discharging a rest sampled resident (Rinclude: Resident #1 was admit readmitted on 6/8/11, a to the hospital. Resided (CVA), aphasia, metas and renal failure. The most recent Quart (MDS) assessment da Resident #1 had short	rebrovascular accident static renal cell carcinoma, erly Minimum Data Set			4. All discharges and transfers under provisis 483.12 will be reviewed the Quality Assessment and Assurance Commit monthly times 3 month then quarterly times 3 quarters for compliance Any change to the state be made as needed to achieve/maintain compappropriate staff will be serviced to such change change in the plan will continued monitoring matimes 3 months, then qualitimes 3 quarters.	d by t tec s d plan will liance. The in- s. Any result in conthly	8/3/11
F	Record review of Nurse Resident #1 revealed the wait for the laboratory r	e's Notes dated 7/25/11 for he family did not want to reports. The Nurse's		-			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Mt A. BUIL		CONSTRUCTION	(X3) DATE S COMPLI	
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F 203	Notes revealed the and an order was of to the emergency of T7/25/11 for Resider Resident #1 to the Record review of S7/26/11 revealed Resident #1 revealed Resident #1 revealed Record review of Prevealed the treating member by phone #1, who was current be readmitted to the Record review of Notes and the treating would no longer for The Nurse's Notes was told the treating prevented the facil #1 under their servented the facil #1 under their servented the treating progress Notes revinformed the treating continue to provide #1. The Social Profemily member was record review of S7/27/11 for Reside was held with a far Progress Notes revinformed the treating continue to provide #1. The Social Profemily member was record review of S7/27/11 for Reside was held with a far Progress Notes revinformed the treating continue to provide #1. The Social Profemily member was record review of S7/27/11 for Reside was held with a far Progress Notes revinformed the treating continue to provide #1. The Social Profemily member was record review of S7/27/11 for Reside was held with a far Progress Notes revinformed the treating continue to provide #1. The Social Profemily member was record review of S7/27/11 for Reside was held with a far Progress Notes review of S7/27/11 for Reside was held with a far Progress Notes review of S7/27/11 for Reside was held with a far Progress Notes review of S7/27/11 for Reside was held with a far Progress Notes review of S7/27/11 for Reside was held with a far Progress Notes review of S7/27/11 for Reside was held with a far Progress Notes review of S7/27/11 for Reside was held with a far Progress Notes review of S7/27/11 for Reside was held with a far Progress Notes review of S7/27/11 for Reside was held with a far Progress Notes review of S7/27/11 for Reside was held with a far Progress Notes review of S7/27/11 for Reside was held with a far Progress Notes review of S7/27/11 for Reside was held with a far Progress Notes review of S7/27/11 for Reside was held with a far Progress Notes review of S7/27/11 f	treating physician was notified obtained to send Resident #1 coom.  Gelephone Orders dated int #1 revealed to transfer hospital per family request.  Gocial Progress Notes dated desident #1 was discharged to 6/11.  Progress Notes dated 7/26/11 in physician contacted a family and informed them Resident intly in the hospital, would not be facility.  Jurse's Notes dated 7/26/11 in anager in the hospital in the ment was contacted and in the physician had stated she illow the care of Resident #1. In revealed the case manager in the readmitting Resident interpretations it in the physician is decision in the physician is decision it in the physician in the physician is decision it in the physician in the physician is decision it in the physician in the physician in the physician is decision it in the physician in the physician is decision it in the physician in the physician in the physician is decision it in the physician in the physicia	F	203			

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F 203	7/27/11, addressed to member, revealed the longer be able to pro 8/27/11 for Resident revealed the treating necessary treatment Resident #1 until 8/2 revealed a recommen obtain another physical An interview was held the Admission Coordinator indicated she was no longer go medical care. The Admission called in the Emergency Rowould not be able to they did not have a p #1. She reported the family had been notif Worker called the far facility could not take the treating physician medical care.  An interview was held the treating physician including the physician including the provided for Residen indicated it did not me provide care for Residen indicated it did not me provide care for Residenting physician for the provided care for Residenting physician including the provided for Residenting physician	hysician's letter dated to the attention of a family e treating physician would no vide medical care after #1. The physician's letter physician would provide for emergency care for 7/11. The physician's letter indation for the family to cian without delay.  If the treating physician said bing to follow Resident #'1's dmission Coordinator (7/26/11) the case manager from and told her the facility take Resident #1 back as shysician to follow Resident e case manager asked if the fied. She reported the Social mily and informed them the Resident #1 back because in would no longer provide did on 8/3/11 at 8:50 AM with a for Resident #1. The ficated the family was	F	203			

STATEMENT C AND PLAN OF	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:  A. BUILDING			CONSTRUCTION	COMPLETED C	
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F 206 SS=D	the treating physicia facility on 7/26/11 sh provide medical care Administrator indical readmitted to the facility. The Administrator report found out the family to the facility. The Admot sent a written member indicating freadmitted. The Administrator indicating freadmitted. The Admot sure if a written in a situation where no longer provide candministrator indicated a written discharacter in a situation where a daministrator indicated a written discharacter in a situation where no longer provide candministrator indicated a written discharacter in a situation where in a	dministrator. She indicated in had told the family and the see would no longer be able to be for Resident #1. The seed Resident #1 could not be shiftly without a treating sinistrator reported a case ospital had called on 8/1/11 esident #1. The sed yesterday (8/1/11) she had wanted Resident #1 to return administrator indicated they are notice to the family Resident #1 would not be ministrator indicated she was notice was sent to the family the treating physician would have for a resident. The sted she had never had to sarge notice to a family before.		203	1. No action is requir resident #1, as he was to the facility as soon physician coverage w for him on 8/3/11.  2. All residents eligib Medicaid facility servireadmitted to the first semi-private bed follo discharge to the hospid 3. Staff will be in-ser Administrator or her daccept all of our reside readmission who are e Medicaid facility servithey are stable.	readmitted as as obtained le for ces will be available wing al. viced by the esignee to nts for ligible for	8/3/11 8/3/11

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 206	, ,		F	206			:
	(Resident #1) to the first bed available after the hospital cleared the resident for discharge. Findings include:  Review of an undated facility Bed Hold Policy revealed in part, upon admission our Admission Coordinator goes over the bed hold policy. If a patient becomes hospitalized for any reason and				Compliance with 484.12 monitored by the Admin and Medical Director. Poprocedures will be modined in the modined and outcomes of the plan for	istrator olicies and fied as	
	patient becomes hosy a bed hold is desired, pay the current daily this policy will be sent hospital. The responded hold is not held, the rest available bed there is more than on resident will have pricipled. The Bed Hold P notified and your stay agreed upon bed hold therapeutic leave day this facility upon the fisemi-private room if y	oitalized for any reason and the responsible party must rate of the bed. A copy of it with the patient to the sible party must notify the tor if they wish to hold the e day after transfer. If the esident will have priority on . In the situation where e resident, a Medicaid wity in accordance with state olicy also revealed if we are is beyonddays of the d or day of agreed upon s, you will be readmitted to irst availability of a rou are eligible for and			appropriate and timely dependent of a propriate and timely dependent of the plan will be for compliance by the fareast opening the plan will be made to achieve/maintain compand the appropriate staff in serviced to such change in the plan will recontinued monitoring metimes 3 months then quarter plan will recontinued monitoring metimes 3 months then quarter plan will recontinued monitoring metimes 3 months then quarter plan will recontinued monitoring metimes 3 months then quarter plan will be plan will recontinued monitoring metimes 3 months then quarter plan will be plan will recontinued monitoring metimes 3 months then quarter plan will be plan will recontinued monitoring metimes 3 months then quarter plan will be plan wi	ischarges e reviewed cility Assurance ted in the ttes on a onths, narters and to the as needed pliance will be ges. Any esult in onthly	
	require Medicaid services.  Review of an undated facility Acknowledgement of Receipt of Resident / Family Handbook form revealed under contents "Bed Hold Policy (pg. 46)". The Acknowledgement of Receipt of Resident / Family Handbook form for Resident #1 was signed by responsible party on 3/4/08.  Resident #1 was admitted to the facility on 3/4/08, readmitted on 6/8/11, and discharged on 7/25/11 to the hospital. Resident #1's cumulative diagnoses included cerebrovascular accident (CVA), aphasia, metastatic renal cell carcinoma,				times 3 months.		

	CENTEROTOR MEDICARE & MEDICARD CERTIFICE					WAY SATE OURSEY		
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION	(X3) DATE SUI COMPLET	ED	
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F 206	and renal failure.  The most recent Quar (MDS) assessment do Resident #1 had shor problems and severel making skills.  The Nurse's Notes datreating physician was obtained to send Resroom.  Record review of Tele 7/25/11 for Resident #1 to the horomal Resident #1 to the horomal Record review of Soc 7/26/11 revealed Resthe hospital on 7/25/11 Record review of Progrevealed the treating member by phone an #1, who was currently be readmitted to the form Record review of Nurroy26/11 (written by the revealed a case managemergency Department informed due to some facility the treating physical physical revealing physical revealing physical revealing physical revealing physical residual re	rterly Minimum Data Set ated 6/18/11 revealed t and long term memory ty impaired daily decision  ated 7/25/11 revealed the s notified and an order was ident #1 to the emergency  aphone Orders dated #1 revealed to transfer spital per family request.  ial Progress Notes dated ident #1 was discharged to 1.  gress Notes dated 7/26/11 physician contacted a family d informed them Resident or in the hospital, would not acility.  se's Notes and dated the Admission Coordinator) ager in the hospital tent was contacted and the circumstances within the tysician had stated she ty the care for Resident #1.  wealed the case manager ohysician's decision from readmitting Resident	F	206				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUILI			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 206	Resident #1 revealed assistance for alterna The hospital note also to notify the family as will not be allowed to another selection.  Record review of Soc 7/27/11 for Resident a was held with a family Progress Notes revea informed the treating continue to provide m #1. The Social Progrefamily member was to an accepting physicial readmission was not provide medical care. Administrator indicate readmitted to the facility on 7/26/11 she provide medical care. Administrator indicate readmitted to the facility hysician. She indicated had been in practice with thad not been call indicated she did not agree to treat Resider family member / responsed hold policy when the facility. She indicated she did not agree to treat Resider family member / responsed hold policy when the facility. She indicated she did not agree to treat Resider family member / responsed hold policy when the facility. She indicated she did not agree to treat Resider family member / responsed hold policy when the facility. She indicated she did not agree to treat Resider family member / responsed hold policy when the facility. She indicated she did not agree to treat Resider family member / responsed hold policy when the facility. She indicated she did not agree to treat Resider family member / responsed hold policy when the facility. She indicated she did not agree to treat Resider family member / responsed hold policy when the facility of the family member / responsed hold policy when the facility of the family member / responsed hold policy when the facility of the family member / responsed hold policy when the facility of the family and the family a	pital notes dated 7/26/11 for the patient will need tive placement per facility. The patient return so they can make sial Progress Notes dated for revealed a phone call remember. The Social aled the family member was physician was unable to redical services for Resident return to follow Resident #1 and possible.  If on 8/2/11 at 10:15 AM and ministrator. She indicated had told the family and the rewould no longer be able to for Resident #1. The redicated the desident #1. The redicated had told the family and the rewould no longer be able to for Resident #1. The redicated had the	F	206			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 206	#1 had been discharg Administrator reported hospital had called on Resident #1. The Adi yesterday (8/1/11) she wanted Resident #1 to Administrator indicated Medicaid.  An interview was held the Admission Coordinator indicated Said she would no lon medical care. The Adindicated (on 7/26/11) manager in the Emergithe facility would not to back as they did not to Resident #1. She repasked if the family had reported the Social Winformed them the facility had because the longer provide medical Case Manager #1 indicated supposed to be kept in not know why Resider She reported she had Case Manager #1 indicated supposed to be with the someone they could resident #1 case Manager #1 indicated supposed to be kept in not know why Resider She reported she had Case Manager #1 indicated supposed to be kept in not know why Resider She reported she had Case Manager #1 indicated supposed to be kept in not know why Resider She reported she had Case Manager #1 indicated supposed to the kept in not know why Resider She reported she had Case Manager #1 indicated supposed to be kept in not know why Resider She reported she had Case Manager #1 indicated supposed to the kept in not know why Resider She reported she had Case Manager #1 indicated supposed to the kept in not know why Resider She reported she had Case Manager #1 indicated supposed to the kept in not know why Resider She reported she had Case Manager #1 indicated supposed to the kept in not know why Resider She reported she had Case Manager #1 indicated supposed to the kept in not know why Resider She reported she had Case Manager #1 indicated supposed to the kept in not know why Resider She reported she had Case Manager #1 indicated supposed to the kept in not know why Resider She reported she had Case Manager #1 indicated supposed to the kept in not know why Resider She reported she had Case Manager #1 indicated supposed to the kept in not know why Resider She reported she had the not had t	led to the hospital. The dia case manager from the a 8/1/11 about readmitting ministrator reported to had found out the family to return to the facility. The did Resident #1 had to n 8/2/11 at 11:30 AM with nator. The Admission the treating physician had ager follow Resident #1's dimission Coordinator to she called the case agency Room and told her be able to take Resident #1 have a physician to follow horted the case manager and been notified. She forker called the family and collity could not take Resident treating physician would not all care.  Was held on 8/2/11 at 3:25 as Manager #1. She all Manager #1. She all Manager #1. She all midicated Resident #1 had the hospital. She reported in kept in observation. Case	F	206			

STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l'	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			RVEY FED
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F 206	message for the Adm Case Manager #1 ind supervisor yesterday Resident #1 back.  A telephone interview PM with a Case Manareported he called the (8/2/11) and was infortake Resident #1 back provide medical care. Supervisor reported Fito the floor when he foin observation.  An interview was held the treating physician indicated it did not ma provide care for Resident indicated it did not ma provide care for Resident indicated it did not ma provide care for Resident indicated it did not ma provide care for Resident indicated it did not ma provide care for Resident indicated it did not ma provide care for Resident indicated it did not ma provide care for Resident indicated it did not ma provide care for Resident indicated it did not ma provide care for Resident indicated the hospital was get the hospital. She reported the hospital many time Administrator indicate	She indicated she left a inistrator to return her call. icated she informed her the facility would not take was held on 8/2/11 at 3:35 ager Supervisor. He administrator today med the facility could not as neither physician would. The Case Manager tesident #1 was transferred bund out the patient was still on 8/3/11 at 8:50 AM with for Resident #1. The cated the family was ledical care she had #1. The treating physician ke sense to continue to lent #1 in this relationship.  on 8/2/11 at 2:35 PM with a indicated a copy of the iven to a family member if the time of a resident's ital. The Administrator as called about a bed hold ent was admitted to the da Resident #1 had been to be before. The da a copy of the bed hold	F	206	DEFICIENCY)		
	policy had not been given to the family each time Resident #1 had been sent to the hospital. She indicated the family had been called each time Resident #1 had been sent to the hospital about a						

NAME OF PROVIDER OR SUPPLIER  WHISPERING PINES NURSING & REHAB CENTER  POOL TO BE CACHE DESTRUCTION SHIP THE PRECEDED BY YELL AND PREST ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB OR FAYETTEVILLE, NC 28301  PREST ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB OR FAYETTEVILLE, NC 28301  PROPERTY CRACKED THE PROPERTY OF STATEMENT OF DEFICIENCIES PRESED BY YELL AND PROPERTY BY AN OF CORRECTION SHOULD BE PRESED BY YELL AND PROPERTY BY AN OF CORRECTION SHOULD BE PRESED BY YELL AND PROPERTY BY AN OF CORRECTION SHOULD BE PRESED BY YELL AND PROPERTY BY AN OF CORRECTION SHOULD BE PRESED BY YELL AND PROPERTY BY AN OF CORRECTION SHOULD BE PRESED BY YELL AND PROPERTY BY AN OF CORRECTION SHOULD BE PRESED BY YELL AND PROPERTY BY AN OF CORRECTION SHOULD BE PRESED BY YELL AND PROPERTY BY AND OF CORRECTION SHOULD BE PRESED BY YELL BY A PROPERTY BY AND OF CORRECTION SHOULD BE PRESED BY YELL BY AND PROPERTY BY AND OF CORRECTION SHOULD BE PRESED BY YELL BY AND PROPERTY BY AND OF CORRECTION SHOULD BE PRESED BY YELL BY A PROPERTY BY AND OF CORRECTION SHOULD BY A PROPERTY BY AND OF CORRECTION SHOULD BE PRESED BY YELL BY A PROPERTY BY AND OF CORRECTION SHOULD BY A PROPERTY BY AND OF CORRECTION SHOULD BY A PROPERTY BY A		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  WHISPERING PINES NURSING & REHAB CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB DR FAYETTEVILLE, NC 28301  [X4) ID PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 206  Continued From page 10 bed hold. The Administrator indicated the bed hold policy was sent with Resident #1 when he was discharged to the hospital. She indicated they did not call the family this time about a bed hold because the treating physician had indicated she would no longer provide medical care for Resident #1. The Administrator indicated Resident #1 could not be readmitted to the facility without a treating physician. The Administrator reported she had talked with the case manager at the hospital today and had been told the facility								
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