

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

PRINTED: 12/07/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/30/2011
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NAME OF PROVIDER OR SUPPLIER  CUMBERLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION ROAD FAYETTEVILLE, NC 28306
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(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 223 SS=J	<p>483.13(b), 483.13(b)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interviews and record review, the facility failed to prevent one (1) of one (1) sampled resident from being abused by a staff. The facility also failed to intervene while witnessing 1 of 1 resident being abused. The resident accused a staff member (NA #1) of shoving, pulling hands and legs, wiping the bottom roughly and removing the catheter. (Resident # 93)</p> <p>Immediate Jeopardy began on 10/30/2011 and was identified on 11/29/2011 at 12:36 PM. Immediate Jeopardy was removed on 11/30/2011 at 6:55 PM, when the facility provided a credible allegation of compliance. The facility will remain out of compliance at a scope and severity level of D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) the facility was in the process of full implementation and monitoring their corrective action.</p> <p>Findings include:</p>	F 223	<p>Cumberland Nursing &amp; Rehabilitation Center 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. The Plan of Correction is submitted as a written allegation of compliance. Cumberland Nursing and Rehabilitation Center's response to the statement of deficiencies does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate. further Cumberland Nursing and Rehabilitation Center reserves the right to refute any of deficiencies on this statement through informal dispute resolution, Formal appeal procedure and or any other administrative legal proceedings.</p>	12-19-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Candice Brown-Baldwin A. N. RN</i>	TITLE RN LNHA	(X6) DATE 12-12-11
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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 223	<p>Continued From page 1</p> <p>Resident #93 was admitted to the facility on 12/3/09 with diagnoses of Multiple Sclerosis (MS), Chronic Pain Syndrome, Spasm of Muscles, Hypertension, Retention of Urine and Dysphagia. The current quarterly Minimum Data Set (MDS) dated 10/12/2011 documented the resident had no short or long term memory problems and had no behavioral problems for the last 3 months. The MDS also documented the resident was completely dependent on staff for all her Activities of Daily Living (ADLs).</p> <p>During the interview on 11/14/2011 at 10:00 AM, Resident #93 stated that Nurse Assistant (NA) #1 was rough with her about 2 weeks ago after requesting to be changed. Resident #93 reported she turned her call light on at around 10:30 PM needing to be changed as a result of a bowel movement. She reported that she overheard NA #1 telling Nurse # 1 that she was getting ready to leave so Resident # 93 would have to wait for the next shift (11:00 PM - 7:00 PM) to change her. Nurse #1 who works the second shift (3:00 PM-11:00 PM) told NA # 1 that she still had time to change her (Resident #93) because it was not 11:00 PM yet. Resident #93 stated NA # 1 came to her room after talking to Nurse #1. The resident further reported NA #1 "shoved" her, pulled her legs and hands. The resident also stated NA#1 was rough when wiping her bottom and caused the catheter to come out. Resident #93 further stated she was very upset about NA #1's behavior, she reported the incident to Nurse #2 who was also a night shift nurse ( 11:00 PM-7:00 PM). The resident added Nurse # 2 reinserted the catheter.</p> <p>During a telephone interview with Nurse #2 on</p>	F 223	<p>F223</p> <p>Redirected In-service Training covering Resident Rights and Abuse Prevention Conducted by South Eastern Regional Mental Health Developmental Disabilities and Substance Abuse Authority's Geriatric Speciality Team mandatory for all staff.</p> <p>Resident #93 assessed and interviewed upon notification of her concern. 11-15-11</p> <p>Resident was interviewed by the Social Worker on 11-15-11.</p> <p>Resident re-interviewed by the Social Worker on 11-16-11.</p>	12-19-11
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F 223	<p>Continued From page 2</p> <p>11/15/2011 at 9:30 AM, she stated she came to work two weeks ago at 10:40 PM. It was about 10:45 PM when she noticed Resident #93's call light was on. She found out the resident needed to be changed as reported by NA #1. Nurse #2 further reported NA #1 was ready to leave after working her 3:00 PM- 11: 00 PM shift. She (NA#1) was asked by Nurse # 1 who was also at the nurses' station to go and assist Resident #93. NA #1 was upset when she was told by Nurse #1 that she (NA #1) still had time to change Resident #93. Nurse #2 further reported that, from her location at the nurses ' station which is approximately 12 feet from this resident ' s room, she heard Resident #93 calling for assistance hollering "Nurse! Nurse!" as soon as NA #1 had left the room. Nurse #2 stated she went to Resident #93' s room to find out what she needed. Resident #93 reported to her that NA #1 was rough when wiping her bottom and had caused the catheter to come out. Resident #93 also reported that NA#1 "shoved" her, pulled her hands and legs. Nurse #2 further stated she looked at the resident's bottom to see whether the catheter had come out and she discovered that it had come out with the balloon still inflated. She reinserted a new catheter back into Resident #93. She (Nurse #2) added she reported the incident to the Assistant Director of Nursing (ADON) the next morning.</p> <p>During the interview on 11/15/2011 at 4:00 PM, Nurse #1 reported that NA #1 was known to have a bad attitude and there had been a lot of complains about NA#1. Nurse # 1 reported that the night of 11/6/2011, she was getting ready to leave after working the second shift (3: 00 PM- 11:00 PM). NA #1 came to her reporting that she</p>	F 223	<p>24 hour report initiated on. 11-15-11 by the Director of Nursing.</p> <p>NA #1, and NA#2 terminated from employment after urine screens obtained on 11-15-11 by Director of Nursing.</p> <p>NA #1 with allegation of physical abuse reported by the facility to the Fayetteville Police Department on 11-15-11 by Facility Administrator.</p> <p>5 day report completed and NA#1, and NA#2 were terminated from employment on 11-18-11 by Director of Nursing.</p> <p>Administrator/Director of Nursing re-in serviced on reporting abuse neglect and prevention of abuse neglect. 11-18-11 by Regional Vice President of Operations</p>	
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F 223	<p>Continued From page 3</p> <p>did not have the time to change Resident #93 because the resident asked to be changed when it was almost towards the end of the shift. Nurse#1 reported that she told NA #1 that it was only 10:50 PM; she still had plenty of time to change the resident. Nurse #1 further reported NA#1 slammed the nursing station door as she went to Resident #93' s room.</p> <p>During a follow up interview with Resident #93 on 11/15/2011 at 5: 25 PM, she stated that on the night of the incident, NA #1 was working with NA # 2 .Resident # 93 stated that she turned on her call light at about 10:30 PM, and it was answered at about 10:50 PM. Resident stated that NA# 2 came to her room and made a statement that "why did you wait until it was time for the second shift staff to leave to put on your call light?" The resident added NA #2 made a statement that she (Resident #93) would have to wait for the next (thir) shift to come in to change her. Resident # 93 added NA #2 went and told NA#1 that she (Resident #93) needed to be changed. NA #1 went to Nurse # 1 who was the night shift (3: 00 PM- 11:00 PM) to complain that she (Resident #93) needed to be changed but it was almost end of the shift. Nurse #1 told NA # 1 that it was not 11: 00 PM yet, and that she could still change her (Resident # 93). Resident # 93 stated that NA #1 came into the room with NA# 2. She (Resident # 93) added NA#1 shoved her over by pulling and pushing her legs, and was wiping her bottom really rough as if she was scrubbing the floor. Resident # 93 stated she was yelling in pain "Ouch! Ouch! Ouch!" The resident further stated NA #1 was chewing on a straw and did not say anything. She( Resident # 93) added "I felt disgusted, my feelings were</p>	F 223	<p>Re-training of Department Heads on Abuse/Neglect-prevention and reporting, Elder Justice Act, and Resident Concern Process on 11-18-11 by Facility Administrator.</p> <p>Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator.</p> <p>2<sup>nd</sup> re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms on 11-18-11 by Facility Administrator.</p> <p>Retraining of all staff on Abuse/Neglect-prevention and reporting process. (to include Nurses, Nurse's Aides, Housekeeping, Dietary, Administrative Staff, Maintenance, and Contracted Services) on 11-22-11 by Administrator, Director of Nurses, and Staff Development Coordinator.</p>	

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F 223	<p>Continued From page 4</p> <p>hurt. My pain was worse. I was not crying, I was saying Ouch! Ouch! To let them know they were hurting me. My catheter came out." The resident reported that when Nurse # 2 came in on the 11:00 PM-7: 00 PM shift, she found her upset and also found that the catheter had come out. Nurse # 2 reinserted a new catheter. The resident also added she would never allow NA #1 and NA #2 to change her or give her any kind of care after the incident.</p> <p>During the interview with NA #1 on 11/15/2011 at 5:40 PM, she reported she went to change the resident on the night of 10/30/2011 and she did not say anything to the resident. NA # 1 added she just changed the resident and left the room.</p> <p>During a follow up interview on 11/16/2011 at 10:30 AM, Nurse #2 reported that NA #1 came in about 10:45 PM and stated to her and Nurse # 1 that Resident #93 wanted to be changed. Nurse #1 looked at her watch and stated to NA #1 that "it was not 11: 00 PM, go and change Resident #93." NA #1 went to Resident # 93's room and after she (NA # 1) left the resident's room, Resident #93 called her (Nurse # 2) and stated that she did not want NA # 1 to touch her again; NA # 1 was very rough with her by shoving her over. Resident # 93 further stated to Nurse #2 that NA#1 was rough when wiping her bottom and caused the catheter to come out. When she (Nurse # 2) looked under the resident ' s bottom; it was true that the catheter was out. Nurse #2 stated that she was able to reinsert the resident' s catheter back.</p> <p>During the interview with NA #2 on 11/16/2011 at</p>	F 223	<p>Interviewable residents were interviewed for potential resident concerns related to potential abuse on 11-16-11 for that resident and other interviewable residents on that hall by Social Worker.</p> <p>Activities Director assisted with completion of interviews on 11-19-11.</p> <p>Administrator/Director of Nursing Services re-in serviced on Reporting Abuse &amp; Neglect, Preventing Abuse &amp; Neglect, Training all facility on Reporting Abuse Neglect, and Prevention of abuse and Neglect on 11-18-11 by Regional Vice President of Operations.</p>	
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F 223	<p>Continued From page 5</p> <p>10:00 AM, she reported that she assisted NA #1 to change Resident # 93. She added she did not recall Resident # 93 being upset.</p> <p>The administrator was notified of the immediate jeopardy on 11/30/2011 at 9:15 AM. The facility provided an allegation of compliance on 11/30/2011 at 6:55 PM. The allegation of compliance indicated:</p> <p>What corrective action will be accomplished for those residents affected by the deficient practice?</p> <p>Resident #93 assessed and interviewed upon notification of her concern. 11-15-11 Resident was interview by the Social Worker on 11-15-11. Resident re-interviewed by the Social Worker on 11-16-11. 24 hour report initiated. 11-15-11 by the Director of Nursing. NA #1, and NA#2 were suspended from employment after urine screens obtained. 11-15-11 by Director of Nursing. NA #1 with allegation of physical abuse reported by the facility to the Fayetteville Police Department. 11-15-11 by Facility Administrator. 5 day report completed and NA#1, and NA#2 were terminated from employment. 11-18-11 by Director of Nursing. Administrator/Director of Nursing re-in serviced on reporting abuse neglect and prevention of abuse neglect. 11-18-11 by Regional Vice President of Operations Re-training of Department Heads on Abuse/Neglect- prevention and reporting, Elder</p>	F 223	<p>Re-training of Department Heads on Abuse/Neglect- prevention and reporting, Elder Justice Act, Resident Concern Process on 11-18-11 by Administrator.</p> <p>Re-training of Administrative Nurses- Abuse/Neglect- prevention and reporting process. - on 11-18-11 by Administrator.</p> <p>2nd re-training of Administrative Nurses- Abuse/Neglect- prevention and reporting process Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms on 11-18-11 by Administrator.</p> <p>All new hires will be in-serviced, during orientation, on abuse/neglect and reporting by Staff Development Coordinator or designee.</p>	
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F 223	<p>Continued From page 6</p> <p>Justice Act, and Resident Concern Process. 11-18-11 by Facility Administrator.</p> <p>Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator.</p> <p>2nd re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms. 11-18-11 by Facility Administrator.</p> <p>Retraining of all staff on Abuse/Neglect-prevention and reporting process. (to include Nurses, Nurse ' s Aides, Housekeeping, Dietary, Administrative Staff, Maintenance, and Contracted Services) 11-22-11 by Administrator, Director of Nurses, and Staff Development Coordinator.</p> <p>Interviewable residents were interviewed for potential resident concerns related to potential abuse. 11-16-11 for that resident and other interviewable residents on that hall by Social Worker. Activities Director assisted with completion of interviews on 11-19-11.</p> <p>What corrective action will be accomplished for those residents having potential to be affected by the same deficient practice?</p> <p>Administrator/Director of Nursing Services re-in serviced on Reporting Abuse &amp; Neglect, Preventing Abuse &amp; Neglect, Training all facility on Reporting Abuse Neglect, and Prevention of abuse and Neglect. 11-18-11 by Regional Vice President of Operations.</p> <p>Re-training of Department Heads on Abuse/Neglect-prevention and reporting. Elder Justice Act, Resident Concern Process. 11-18-11 by Administrator.</p>	F 223	<p>Interviewable residents were interviewed for potential resident concerns- 11-16-11 for that resident and other interviewable residents on that hall on 11-19-11 all other residents in facility by Social Worker &amp; Activities Director.</p> <p>Retraining of all staff on Abuse/ Neglect – prevention and reporting process. (to include Nurses, Nurse’s Aides, Housekeeping, and Dietary. Administrative Staff, Maintenance, and Contracted Services) on 11-22-11 by Administrator, Director of Nursing Services, and Staff Development Coordinator.</p> <p>Monitor non-interviewable residents for changes that would deviate from their normal behavior ; ( done by using resident census-walking rounds tool) by Social Worker and Activities Director.</p>	

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F 223	<p>Continued From page 7</p> <p>Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Administrator.</p> <p>2nd re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms. 11-18-11 by Administrator.</p> <p>All new hires will be in-serviced, during orientation, on abuse/neglect and reporting by Staff Development Coordinator or designee. Interviewable residents were interviewed for potential resident concerns- 11-16-11 for that resident and other interviewable residents on that hall. On 11-19-11 all other residents in facility by Social Worker &amp; Activities Director.</p> <p>Retraining of all staff on Abuse/Neglect - prevention and reporting process. (to include Nurses, Nurse 's Aides, Housekeeping, and Dietary. Administrative Staff, Maintenance, and Contracted Services) 11-22-11 by Administrator, Director of Nursing Services, and Staff Development Coordinator.</p> <p>Monitor non-interviewable residents for changes that would deviate from their normal behavior ; ( done by using resident census-walking rounds tool) by Social Worker and Activities Director.</p> <p>What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not occur:</p> <p>Administrator/Director of Nursing Services re-inserviced on Reporting Abuse &amp; Neglect, Preventing Abuse &amp; Neglect, Training all facility &amp; on Reporting Abuse Neglect, and Prevention of abuse and Neglect. 11-18-11 by Regional Vice</p>	F 223	<p>Administrator/Director of Nursing Services re-inserviced on Reporting Abuse &amp; Neglect, Preventing Abuse &amp; Neglect, Training all facility &amp; on Reporting Abuse Neglect, and Prevention of abuse and Neglect on 11-18-11 by Regional Vice President of Operations.</p> <p>Re-training of Department Heads on Abuse/Neglect- prevention and reporting, Elder Justice Act, Resident Concern Process on 11-18-11 by Facility Administrator.</p> <p>Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator.</p> <p>2<sup>nd</sup> re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process to include new forms. 11-18-11 by Facility Administrator.</p> <p>Department Head Meeting Agenda will include the administrator asking the</p>	



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F 223	<p>Continued From page 8</p> <p>President of Operations.</p> <p>Re-training of Department Heads on Abuse/Neglect- prevention and reporting, Elder Justice Act, Resident Concern Process. 11-18-11 by Facility Administrator.</p> <p>Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator.</p> <p>2nd re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process to include new forms. 11-18-11 by Facility Administrator.</p> <p>Department Head Meeting Agenda will include the administrator asking the department heads: "Has anyone made you aware of any reports of abuse/neglect?"</p> <p>All new hires will be in-serviced, during orientation, on abuse/neglect and reporting by Staff Development Coordinator or designee by Staff Development Coordinator or Designee.</p> <p>All staff, including new hires, will be in-serviced on recognizing "Burn Out" and signs of aggression, seeking assistance, and reporting to supervisor any co-workers who may be showing signs of "Burn Out" by Staff Development Coordinator or designee.</p> <p>Re-Training on Abuse/Neglect- prevention and reporting process. (to include Nurses, Nurse's Aides, Housekeeping, Dietary, Administrative Staff, Maintenance, and Contracted Services) 11-22-11 by Administrator, Director of Nursing Services, and Staff Development Coordinator)</p> <p>Resident Care Audits will be done by Administrative Nurses to observe preservation of resident dignity, and absence of care giver burn out, abuse and neglect. (To include all three</p>	F 223	<p>department heads: "Has anyone made you aware of any reports of abuse/neglect?"</p> <p>All new hires will be in-serviced, during orientation, on abuse/neglect and reporting by Staff Development Coordinator or designee by Staff Development Coordinator or Designee.</p> <p>All staff, including new hires, will be in-serviced on recognizing "Burn Out" and signs of aggression, seeking assistance, and reporting to supervisor any co-workers who may be showing signs of "Burn Out" by Staff Development Coordinator or designee.</p> <p>Re-Training on Abuse/Neglect- prevention and reporting process. (to include Nurses, Nurse's Aides, Housekeeping, Dietary, Administrative Staff, Maintenance, and Contracted Services) on 11-22-11 by Administrator,</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/30/2011
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NAME OF PROVIDER OR SUPPLIER  CUMBERLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION ROAD FAYETTEVILLE, NC 28306
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F 223	<p>Continued From page 9</p> <p>shifts, Nurse and Nurse Aides)-3 per week on each shift x4 weeks- then weekly x3 months- and reviewed at the Quarterly QI meeting. Monitor non-interviewable residents for changes that would deviate from their normal behavior; (done by using resident census-walking rounds tool) by Administrative Nursing staff or designee.</p> <p>Monitoring:</p> <p>Re-inservice on Abuse/Neglect prevention. 100% of staff in all departments(to include all 3 shifts Nurses, Nurse Aides, Housekeeping, Dietary, Maintenance, and Contract Employees) by Designated Administrative Staff. Will be done every two weeks x3, then monthly x3, then quarterly by Administrative Nursing Staff or designee.</p> <p>Resident interviews for potential concerns weekly x4 weeks then monthly x3, then quarterly by Social Worker or designee. Results will be reviewed at the Quarterly QI Meeting .</p> <p>Random staff interviews ( 5 staff members) weekly x4 weeks, then monthly x3, then quarterly. Interviews will cover questions relating to recognition and reporting of abuse/neglect and " Burn Out " by Administrative Nursing Staff or designee. Results will be reviewed at the Quarterly QI Meeting.</p> <p>Daily monitoring of staff to observe for signs of burn-out/aggression utilizing a QI tool.(will include all three shifts, Nurses, Nurse ' s Aides, Dietary, Housekeeping, Administrative Staff, Maintenance, and Contract Employees) by Administrative Nursing staff and or designee.</p> <p>Resident Care Audits will be done by Administrative Nurses to observe the preservation of resident dignity, and absence of</p>	F 223	<p>Director of Nursing Services, and Staff Development Coordinator) Resident Care Audits will be done by Administrative Nurses to observe preservation of resident dignity, and absence of care giver burn out, abuse and neglect. (To include all three shifts, Nurse and Nurse Aides)- 3 per week on each shift x4 weeks- then weekly x3 months- and reviewed at the Quarterly QI meeting.</p> <p>Monitor non-Interviewable residents for changes that would deviate from their normal behavior; (done by using resident census-walking rounds tool) by Administrative Nursing staff or designee.</p>	

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

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F 223 Continued From page 10  
care giver burn out, abuse and neglect. ( To include all three shifts, Nurses and Nurse Aides)- 3 per week on each shift x4 weeks- then weekly x3 months- and reviewed at the Quartely QI meeting.  
Non-interviewable resident audit tool will be done by Administrative Staff or designee ( all non-interviewable resident weekly x4 weeks, then monthly x3, then quarterly . Results reviewed at the Quarterly QI meeting. 11-30-11  
Compliance date: 11/30/2011  
All new hires will be in-serviced, during orientation, on abuse/neglect and reporting.

F 223

Re-inservice on Abuse/Neglect prevention. 100% of staff in all departments(to include all 3 shifts Nurses, Nurse Aides, Housekeeping, Dietary, Maintenance, and Contract Employees) by Designated Administrative Staff. Will be done every two weeks x3, then monthly x3, then quarterly by Administrative Nursing Staff or designee.

Resident interviews for potential concerns weekly x4 weeks then monthly x3, then quarterly by Social Worker or designee. Results will be reviewed at the Quarterly QI Meeting .

F 225  
SS=J 483.13(c)(1)(ii)-(iii), (c)(2) - (4)  
INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS

F 225

The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide

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

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F 225	<p>Continued From page 11</p> <p>registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Resident interview, staff interview and review of facility records, the facility failed to</p>	F 225	<p>Random staff interviews ( 5 staff members) weekly x4 weeks, then monthly x3, then quarterly. Interviews will cover questions relating to recognition and reporting of abuse/neglect and "Burn Out" by Administrative Nursing Staff or designee. Results will be reviewed at the Quarterly QI Meeting. Daily monitoring of staff to observe for signs of burn-out/aggression utilizing a QI tool.(will include all three shifts, Nurses, Nurse's Aides, Dietary, Housekeeping, Administrative Staff, Maintenance, and Contract Employees) by Administrative Nursing staff and or designee.</p>	
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F 225	<p>Continued From page 12</p> <p>submit a twenty-four hour report and complete five day report to the state agency for one (1) of one (1) sampled resident who reported an allegation of rough handling by staff. (Resident #93)</p> <p>Immediate Jeopardy began on 10/30/2011 and was identified on 11/29/2011 at 12:36 PM. Immediate Jeopardy was removed on 11/30/2011 at 6:55 PM, when the facility provided a credible allegation of compliance. The facility will remain out of compliance at a scope and severity level of D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) the facility was in the process of full implementation and monitoring their corrective action.</p> <p>Findings include:</p> <p>Resident #93 was admitted to the facility on 12/3/09 with diagnoses of Multiple Sclerosis (MS), Chronic Pain Syndrome, Spasm of Muscles, Hypertension, Retention of Urine and Dysphagia. The current quarterly Minimum Data Set (MDS) dated 10/12/2011 documented the resident had no short or long term memory problems and had no behavioral problems for the last 3 months. The MDS also documented the resident was completely dependent on staff for all her Activities of Daily Living (ADLs).</p> <p>During the interview on 11/14/2011 at 10:00 AM, Resident #93 stated that Nurse Assistant (NA) #1 was rough with her about 2 weeks ago after requesting to be changed. Resident #93 reported she turned her call light on at around 10:30 PM needing to be changed as a result of a bowel</p>	F 225	<p>Resident Care Audits will be done by Administrative Nurses to observe the preservation of resident dignity, and absence of care giver burn out, abuse and neglect. ( To include all three shifts, Nurses and Nurse Aides)- 3 per week on each shift x4 weeks- then weekly x3 months- and reviewed at the Quartely QI meeting.</p> <p>Non-interviewable resident audit tool will be done by Administrative Staff or designee ( all non-interviewable resident weekly x4 weeks, then monthly x3, then quarterly results reviewed at the Quarterly QI meeting on 11-30-11.</p>	
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F 225	<p>Continued From page 13</p> <p>movement She reported that she overheard NA #1 telling Nurse #1 that she was getting ready to leave so Resident #93 would have to wait for the next shift (11:00 PM - 7:00 PM) to change her. Nurse # 1 who works the second shift (3:00 PM-11:00 PM) told NA # 1 that she still had time to change her ( Resident #93) because it was not 11:00 PM yet. Resident # 93 stated NA # 1 came to her room after talking to Nurse #1. The resident further reported NA #1 "shoved" her, pulled her legs and hands. The resident also stated NA#1 was rough when wiping her bottom and caused the catheter to come out. Resident #93 further stated she was very upset about NA #1' s behavior, she reported , the incident to Nurse #2 who was also a night shift nurse ( 11:00 PM-7:00 PM). The resident added Nurse #2 reinserted the catheter. And told her she was going to report the incident to Assistant Director of Nursing (ADON), who will come to speak with her about the incident. The resident added the ADON or any other member of the facility had not come to speak with her about the incident by the time of this interview.</p> <p>During the interview with ADON on 11/15/2011 at 8:55 AM, she was asked whether it had been reported to her about Resident #93 being handled roughly by NA#1. ADON stated, "I heard something about verbal confrontation between Resident # 93 and NA #1. I don't remember the specifics. I thought Nurse #2 who works night shift (11: 00 PM- 7:00 PM) had done something about it." The ADON added "I just thought it was hearsay." The ADON was asked about the facility's policy on investigation of allegation of abuse of the residents' at the facility. The ADON reported that any allegation of</p>	F 225	<p>F 225</p> <p>Redirected in-service Training covering Resident Rights and Abuse Prevention Conducted by South Eastern Regional Mental Health Developmental Disabilities and Substance Abuse Authority's Geriatric Speciality Team mandatory for all staff.</p> <p>Resident #93 assessed and interviewed upon notification of her concern. 11-15-11</p> <p>Resident re-interviewed by the Social Worker on 11-16-11.</p> <p>Resident was interviewed by the Social Worker on 11-15-11.</p> <p>24 hour report initiated on. 11-15-11 by the Director of Nursing. NA #1, and NA#2 terminated from employment after urine screens obtained on 11-15-11 by Director of Nursing.</p>	12-19-11

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 225	<p>Continued From page 14</p> <p>abuse of a resident was to be reported to her and she was to start the investigation immediately by suspending the staff and then writing a 24 hours report, 5 days report then faxing the report to the state agency.</p> <p>During the interview with the Director of Nursing (DON) on 11/15/2011 at 9:00 AM, she stated no one had reported to her about Resident # 93 being handled roughly by NA #1. She (DON) further stated her expectation was for any allegation of abuse to be investigated immediately. She further added that usually the ADON was notified first about an allegation of abuse and the expectation was for the ADON to begin the investigation immediately.</p> <p>During a telephone interview with Nurse # 2 who works third shift (11:00 PM- 7:00 PM) on 11/15/2011 at 9:30 AM, she stated she came to work on the night of the incident at 10:40 PM. It was about 10:45 PM when she noticed Resident # 93's call light was on. She found out the resident needed to be changed. NA #1 was ready to leave after working her 3:00 PM- 11: 00 PM shift. She(NA#1) was asked by Nurse # 1 who was also at the nurse ' s station to go and assist Resident # 93. NA #1 was upset when she was told by Nurse# 1 that she still had time to change Resident # 93. Nurse #2 further reported that she heard Resident # 93 calling for assistance yelling "Nurse! Nurse!" as soon as NA #1 had left the room. Nurse #2 stated she went to Resident # 93 ' s room to find out what she needed. Resident # 93 reported to her that NA # 1 was rough when wiping her bottom and had caused the catheter to come out. Resident #93 also reported that NA#1 "shoved " her,</p>	F 225	<p>NA #1 with allegation of physical abuse reported by the facility to the Fayetteville Police Department on 11-15-11 by Facility Administrator.</p> <p>5 day report completed and NA#1, and NA#2 were terminated from employment on 11-18-11 by Director of Nursing.</p> <p>Administrator/Director of Nursing re-in serviced on reporting abuse neglect and prevention of abuse neglect. 11-18-11 by Regional Vice President of Operations</p> <p>Re-training of Department Heads on Abuse/Neglect-prevention and reporting, Elder Justice Act, and Resident Concern Process on 11-18-11 by Facility Administrator.</p> <p>Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator.</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 225	<p>Continued From page 15</p> <p>pulled her hands and legs. Nurse #2 further stated she looked at the resident 's bottom to see whether the catheter had come out. She reinserted a new catheter back. She (Nurse #2) added she reported the incident to the ADON the next morning.</p> <p>The administrator was notified of the immediate jeopardy on 11/30/2011 at 9:15 AM. The facility provided an allegation of compliance on 11/30/2011 at 6:55 PM. The allegation of compliance indicated:</p> <p>What corrective action will be accomplished for those residents affected by the deficient practice?</p> <p>Resident #93 assessed and interviewed upon notification of her concern. 11-15-11 Resident was interview by the Social Worker on 11-15-11. Resident re-interviewed by the Social Worker on 11-16-11. 24 hour report initiated. 11-15-11 by the Director of Nursing. NA #1, and NA#2 were suspended from employment after urine screens obtained. 11-15-11 by Director of Nursing. NA #1 with allegation of physical abuse reported by the facility to the Fayetteville Police Department. 11-15-11 by Facility Administrator. 5 day report completed and NA#1, and NA#2 were terminated from employment. 11-18-11 by Director of Nursing. Administrator/Director of Nursing re-in serviced on reporting abuse neglect and prevention of abuse neglect. 11-18-11 by Regional Vice President of Operations</p>	F 225	<p>2<sup>nd</sup> re-training of Administrative Nurses- Abuse/Neglect- prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms on 11-18-11 by Facility Administrator.</p> <p>Retraining of all staff on Abuse/Neglect- prevention and reporting process. (to include Nurses, Nurse's Aides, Housekeeping, Dietary, Administrative Staff, Maintenance, and Contracted Services) on 11-22-11 by Administrator, Director of Nurses, and Staff Development Coordinator.</p> <p>Interviewable residents were interviewed for potential resident concerns related to potential abuse on 11-16-11 for that resident and other interviewable residents on that hall by Social Worker. Activities Director assisted with completion of interviews on 11-19-11. Administrator/Director of Nursing Services re-in serviced on Reporting Abuse &amp; Neglect, Preventing Abuse &amp;</p>	



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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 225	<p>Continued From page 16</p> <p>Re-training of Department Heads on Abuse/Neglect- prevention and reporting, Elder Justice Act, and Resident Concern Process. 11-18-11 by Facility Administrator.</p> <p>Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator.</p> <p>2nd re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms. 11-18-11 by Facility Administrator.</p> <p>Retraining of all staff on Abuse/Neglect-prevention and reporting process. (to include Nurses, Nurse ' s Aides, Housekeeping, Dietary, Administrative Staff, Maintenance, and Contracted Services) 11-22-11 by Administrator, Director of Nurses, and Staff Development Coordinator.</p> <p>Interviewable residents were interviewed for potential resident concerns related to potential abuse. 11-16-11 for that resident and other interviewable residents on that hall by Social Worker. Activities Director assisted with completion of interviews on 11-19-11.</p> <p>What corrective action will be accomplished for those residents having potential to be affected by the same deficient practice?</p> <p>Administrator/Director of Nursing Services re-in serviced on Reporting Abuse &amp; Neglect, Preventing Abuse &amp; Neglect, Training all facility on Reporting Abuse Neglect, and Prevention of abuse and Neglect. 11-18-11 by Regional Vice President of Operations.</p> <p>Re-training of Department Heads on Abuse/Neglect- prevention and reporting. Elder</p>	F 225	<p>Neglect, Training all facility on Reporting Abuse Neglect, and Prevention of abuse and Neglect on 11-18-11 by Regional Vice President of Operations.</p> <p>Re-training of Department Heads on Abuse/Neglect- prevention and reporting, Elder Justice Act, Resident Concern Process on 11-18-11 by Administrator.</p> <p>Re-training of Administrative Nurses- Abuse/Neglect- prevention and reporting process. - on 11-18-11 by Administrator.</p> <p>2nd re-training of Administrative Nurses- Abuse/Neglect- prevention and reporting process Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms on 11-18-11 by Administrator.</p> <p>All new hires will be in-serviced, during orientation, on abuse/neglect and reporting by Staff Development Coordinator or designee.</p>	
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F 225	<p>Continued From page 17</p> <p>Justice Act, Resident Concern Process. 11-18-11 by Administrator.</p> <p>Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Administrator.</p> <p>2nd re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms. 11-18-11 by Administrator.</p> <p>All new hires will be in-serviced, during orientation, on abuse/neglect and reporting by Staff Development Coordinator or designee.</p> <p>Interviewable residents were interviewed for potential resident concerns- 11-16-11 for that resident and other interviewable residents on that hall. On 11-19-11 all other residents in facility by Social Worker &amp; Activities Director.</p> <p>Retraining of all staff on Abuse/Neglect - prevention and reporting process. (to include Nurses, Nurse 's Aides, Housekeeping, and Dietary. Administrative Staff, Maintenance, and Contracted Services) 11-22-11 by Administrator, Director of Nursing Services, and Staff Development Coordinator.</p> <p>Monitor non-interviewable residents for changes that would deviate from their normal behavior ; ( done by using resident census-walking rounds tool) by Social Worker and Activities Director.</p> <p>What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not occur:</p> <p>Administrator/Director of Nursing Services re-inserviced on Reporting Abuse &amp; Neglect, Preventing Abuse &amp; Neglect, Training all facility &amp;</p>	F 225	<p>Interviewable residents were interviewed for potential resident concerns- 11-16-11 for that resident and other interviewable residents on that hall on 11-19-11 all other residents in facility by Social Worker &amp; Activities Director.</p> <p>Retraining of all staff on Abuse/ Neglect – prevention and reporting process. (to include Nurses, Nurse's Aides, Housekeeping, and Dietary. Administrative Staff, Maintenance, and Contracted Services) on 11-22-11 by Administrator, Director of Nursing Services, and Staff Development Coordinator.</p> <p>Monitor non-interviewable residents for changes that would deviate from their normal behavior ; ( done by using resident census-walking rounds tool) by Social Worker and Activities Director.</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/30/2011
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NAME OF PROVIDER OR SUPPLIER  CUMBERLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION ROAD FAYETTEVILLE, NC 28306
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F 225 Continued From page 18 on Reporting Abuse Neglect, and Prevention of abuse and Neglect. 11-18-11 by Regional Vice President of Operations. Re-training of Department Heads on Abuse/Neglect- prevention and reporting, Elder Justice Act, Resident Concern Process. 11-18-11 by Facility Administrator. Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator. 2nd re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process to include new forms. 11-18-11 by Facility Administrator. Department Head Meeting Agenda will include the administrator asking the department heads: " Has anyone made you aware of any reports of abuse/neglect? " All new hires will be in-serviced, during orientation, on abuse/neglect and reporting by Staff Development Coordinator or designee by Staff Development Coordinator or Designee. All staff, including new hires, will be in-serviced on recognizing " Burn Out " and signs of aggression, seeking assistance, and reporting to supervisor any co-workers who may be showing signs of " Burn Out " by Staff Development Coordinator or designee. Re-Training on Abuse/Neglect- prevention and reporting process. (to include Nurses, Nurse ' s Aides, Housekeeping, Dietary, Administrative Staff, Maintenance, and Contracted Services) 11-22-11 by Administrator, Director of Nursing Services, and Staff Development Coordinator) Resident Care Audits will be done by Administrative Nurses to observe preservation

F 225 Administrator/Director of Nursing Services re-Inserviced on Reporting Abuse & Neglect, Preventing Abuse & Neglect, Training all facility & on Reporting Abuse Neglect, and Prevention of abuse and Neglect on 11-18-11 by Regional Vice President of Operations. Re-training of Department Heads on Abuse/Neglect- prevention and reporting, Elder Justice Act, Resident Concern Process on 11-18-11 by Facility Administrator. Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator. 2<sup>nd</sup> re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process to include new forms. 11-18-11 by Facility Administrator. Department Head Meeting Agenda will include the administrator asking the

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

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FORM APPROVED  
OMB NO. 0938-0391

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F 225	<p>Continued From page 19</p> <p>of resident dignity, and absence of care giver burn out, abuse and neglect. (To include all three shifts, Nurse and Nurse Aides)-3 per week on each shift x4 weeks- then weekly x3 months- and reviewed at the Quarterly QI meeting. Monitor non-interviewable residents for changes that would deviate from their normal behavior; (done by using resident census-walking rounds tool) by Administrative Nursing staff or designee.</p> <p>Monitoring:</p> <p>Re-inservice on Abuse/Neglect prevention. 100% of staff in all departments(to include all 3 shifts Nurses, Nurse Aides, Housekeeping, Dietary, Maintenance, and Contract Employees) by Designated Administrative Staff. Will be done every two weeks x3, then monthly x3, then quarterly by Administrative Nursing Staff or designee.</p> <p>Resident interviews for potential concerns weekly x4 weeks then monthly x3, then quarterly by Social Worker or designee. Results will be reviewed at the Quarterly QI Meeting .</p> <p>Random staff interviews ( 5 staff members) weekly x4 weeks, then monthly x3, then quarterly. Interviews will cover questions relating to recognition and reporting of abuse/neglect and "Burn Out" by Administrative Nursing Staff or designee. Results will be reviewed at the Quarterly QI Meeting.</p> <p>Daily monitoring of staff to observe for signs of burn-out/aggression utilizing a QI tool.(will include all three shifts, Nurses, Nurse ' s Aides, Dietary, Housekeeping, Administrative Staff, Maintenance, and Contract Employees) by Administrative Nursing staff and or designee. Resident Care Audits will be done by</p>	F 225	<p>department heads: "Has anyone made you aware of any reports of abuse/neglect?"</p> <p>All new hires will be in-serviced, during orientation, on abuse/neglect and reporting by Staff Development Coordinator or designee by Staff Development Coordinator or Designee.</p> <p>All staff, including new hires, will be in-serviced on recognizing "Burn Out" and signs of aggression, seeking assistance, and reporting to supervisor any co-workers who may be showing signs of "Burn Out" by Staff Development Coordinator or designee.</p> <p>Re-Training on Abuse/Neglect-prevention and reporting process. (to include Nurses, Nurse's Aides, Housekeeping, Dietary, Administrative Staff, Maintenance, and Contracted Services) on 11-22-11 by Administrator, Director of Nursing Services, and Staff Development Coordinator) Resident Care Audits will be done by Administrative Nurses to observe preservation of resident dignity,</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  CUMBERLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION ROAD FAYETTEVILLE, NC 28306
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F 225	<p>Continued From page 20</p> <p>Administrative Nurses to observe the preservation of resident dignity, and absence of care giver burn out, abuse and neglect. ( To include all three shifts, Nurses and Nurse Aides)- 3 per week on each shift x4 weeks- then weekly x3 months- and reviewed at the Quartely QI meeting.</p> <p>Non-interviewable resident audit tool will be done by Administrative Staff or designee ( all non-interviewable resident weekly x4 weeks, then monthly x3, then quarterly . Results reviewed at the Quarterly QI meeting. 11-30-11</p> <p>Compliance date: 11/30/2011 All new hires will be in-serviced, during orientation, on abuse/neglect and reporting.</p> <p>On 11/30/2011 at 7:00 PM, verification of the credible allegation was evidenced by interviews of direct care staff related to mandatory reeducation on abuse, review of the new "Abuse Prohibition Training " packet dated 11/22/2011, review of in-service rosters on reeducation of staff on abuse, review of disciplinary actions delivered to all staff involved in the incident on 10/30/2011, that included ADON, NA #1 and NA#2 being terminated from their job positions. All direct care staff reported they received reeducation on abuse, the importance of reporting and protecting the residents at the facility.</p>	F 225	<p>and absence of care giver burn out, abuse and neglect. (To include all three shifts, Nurse and Nurse Aides)- 3 per week on each shift x4 weeks- then weekly x3 months- and reviewed at the Quarterly QI meeting.</p> <p>Monitor non-interviewable residents for changes that would deviate from their normal behavior; (done by using resident census-walking rounds tool) by Administrative Nursing staff or designee.</p> <p>Re-inservice on Abuse/Neglect prevention. 100% of staff in all departments(to include all 3 shifts Nurses, Nurse Aides, Housekeeping, Dietary, Maintenance, and Contract Employees) by Designated Administrative Staff. Will be done every two weeks x3, then monthly x3, then quarterly by Administrative Nursing Staff or designee.</p>	
F 226 SS=J	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p>	F 226	<p>Resident interviews for potential concerns weekly x4 weeks then monthly x3, then quarterly by Social Worker or designee. Results will be reviewed at the Quarterly QI Meeting .</p>	

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

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F 226	<p>Continued From page 21</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interviews and facility policy review, the facility failed to implement their policies and procedures to identify, protect, investigate, and report allegations of rough handling by staff for one ( 1 ) of one ( 1 ) sampled resident. (Resident # 93)</p> <p>Immediate Jeopardy began on 10/30/2011 and was identified on 11/29/2011 at 12:36 PM. Immediate Jeopardy was removed on 11/30/2011 at 6:55 PM, when the facility provided a credible allegation of compliance. The facility will remain out of compliance at a scope and severity level of D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) the facility was in the process of full implementation and monitoring their corrective action.</p> <p>Findings include:</p> <p>Facility policy titled "ABUSE, NEGLECT, OR MISAPPROPRIATION OF RESIDENT PROPERTY POLICY "dated 2/2009 documented staff would be trained about the abuse policies during orientation and retraining programs for employees will be conducted on a regular basis. Training would include how staff report their knowledge related to allegation without fear of reprisal, what constitutes abuse, neglect, and misappropriation of resident property. The facility policy also documented that abuse prevention program includes: 1- Investigation of all incidents, complaints and</p>	F 226	<p>Random staff interviews ( 5 staff members) weekly x4 weeks, then monthly x3, then quarterly. Interviews will cover questions relating to recognition and reporting of abuse/neglect and "Burn Out" by Administrative Nursing Staff or designee. Results will be reviewed at the Quarterly QI Meeting. Dally monitoring of staff to observe for signs of burn-out/aggression utilizing a QI tool.(will include all three shifts, Nurses, Nurse's Aides, Dietary, Housekeeping, Administrative Staff, Maintenance, and Contract Employees) by Administrative Nursing staff and or designee. Resident Care Audits will be done by Adminlstrative Nurses to observe the preservation of resident dignity, and absence of care giver burn out, abuse and neglect. ( To include all three shifts, Nurses and Nurse Aides)- 3 per week on each shift x4 weeks- then weekly x3 months- and reviewed at the Quartely QI meeting.</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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F 226	<p>Continued From page 22 allegation of abuse 2- Protection of residents during investigation, 3- Reporting and responding to the outcome of investigation.</p> <p>Resident #93 was admitted to the facility on 12/3/09 with diagnoses of Multiple Sclerosis (MS), Chronic Pain Syndrome, Spasm of Muscles, Hypertension, Retention of Urine and Dysphagia. The current quarterly Minimum Data Set (MDS) dated 10/12/2011 documented the resident had no short or long term memory problems and had no behavioral problems for the last 3 months. The MDS also documented the resident was completely dependent on staff for all her Activities of Daily Living (ADLs).</p> <p>During the interview on 11/14/2011 at 10:00 AM, Resident #93 stated that Nurse Assistant (NA) #1 was rough with her about 2 weeks ago after requesting to be changed. Resident #93 reported she turned her call light on at around 10:30 PM needing to be changed as a result of a bowel movement She reported that she overheard NA #1 telling Nurse # 1 that she was getting ready to leave so Resident # 93 would have to wait for the next shift (11:00 PM - 7:00 PM) to change her. Nurse # 1 who works the second shift (3:00 PM-11:00 PM) told NA # 1 that she still had time to change her ( Resident #93) because it was not 11:00 PM yet. Resident #93 stated NA #1 came to her room after talking to Nurse #1. The resident further reported NA #1 "shoved" her, pulled her legs and hands. The resident also stated NA#1 was rough when wiping her bottom and caused the catheter to come out. Resident #93 further stated she was very upset about NA #1's behavior, she reported , the incident to</p>	F 226	<p>Non-interviewable resident audit tool will be done by Administrative Staff or designee ( all non-interviewable resident weekly x4 weeks, then monthly x3, then quarterly results reviewed at the Quarterly QI meeting on 11-30-11.</p> <p>F 226</p> <p>Redirected In-service Training covering Resident Rights and Abuse Prevention Conducted by South Eastern Regional Mental Health Developmental Disabilities and Substance Abuse Authority's Geriatric Speciality Team mandatory for all staff. Resident #93 assessed and interviewed upon notification of her concern. 11-15-11 Resident was interviewed by the Social Worker on 11-15-11. Resident re-interviewed by the Social Worker on 11-16-11. 24 hour report initiated on. 11-15-11 by the Director of Nursing.</p>	12-19-11

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

STATEMENT OF DEFICIENCIES  
 AND PLAN OF CORRECTION

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 IDENTIFICATION NUMBER:  
  
 345376

(X2) MULTIPLE CONSTRUCTION  
 A. BUILDING \_\_\_\_\_  
 B. WING \_\_\_\_\_

(X3) DATE SURVEY  
 COMPLETED  
  
 11/30/2011

NAME OF PROVIDER OR SUPPLIER  
  
 CUMBERLAND NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE  
 2461 LEGION ROAD  
 FAYETTEVILLE, NC 28306

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F 226	<p>Continued From page 23</p> <p>Nurse #2 who was also a night shift nurse ( 11:00 PM-7:00 PM). The resident added Nurse # 2 reinserted the catheter and told her she was going to report the incident to Assistant Director of Nursing (ADON), who will come to speak with her about the incident. The resident added the ADON or any other member of the facility had not come to speak with her about the incident by the time of this interview.</p> <p>During the interview with ADON on 11/15/2011 at 8:55 AM, she was asked whether it had been reported to her about Resident # 93 being handled roughly by NA #1. ADON stated, "I heard something about verbal confrontation between Resident # 93 and NA # 1. I don't remember the specifics. I thought Nurse #2 who works night shift (11: 00 PM- 7:00 PM) had done something about it." The ADON added "I just thought it was hearsay." The ADON was asked about the facility's policy on investigation of allegation of abuse of the residents' at the facility. The ADON reported that any allegation of abuse of a resident was to be reported to her and she was to start the investigation immediately by suspending the staff and then writing a 24 hours report, 5 days report then faxing the report to the state agency.</p> <p>During the interview with the Director of Nursing (DON) on 11/15/2011 at 9:00 AM, she stated no one had reported to her about Resident # 93 being handled roughly by NA #1. She (DON) further stated her expectation was for any allegation of abuse to be investigated immediately. She further added that usually the ADON was notified first about an allegation of abuse and the expectation was for the ADON to</p>	F 226	<p>NA #1, and NA#2 terminated from employment after urine screens obtained on 11-15-11 by Director of Nursing.</p> <p>NA #1 with allegation of physical abuse reported by the facility to the Fayetteville Police Department on 11-15-11 by Facility Administrator. 5 day report completed and NA#1, and NA#2 were terminated from employment on 11-18-11 by Director of Nursing.</p> <p>Administrator/Director of Nursing re-in serviced on reporting abuse neglect and prevention of abuse neglect. 11-18-11 by Regional Vice President of Operations</p> <p>Re-training of Department Heads on Abuse/Neglect-prevention and reporting, Elder Justice Act, and Resident Concern Process on 11-18-11 by Facility Administrator.</p>	



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

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F 226	<p>Continued From page 24 begin the investigation immediately.</p> <p>During a telephone interview with Nurse #2 who works third shift (11:00 PM- 7:00 PM) on 11/15/2011 at 9:30 AM, she stated she came to work on 10/30/2011 at 10:40 PM. It was about 10:45 PM when she noticed Resident #93's call light was on. She found out the resident needed to be changed. NA #1 was ready to leave after working her 3:00 PM- 11: 00 PM shift. She(NA#1) was asked by Nurse # 1 who was also at the nurse's station to go and assist Resident #93. NA #1 was upset when she was told by Nurse #1 that she still had time to change Resident #93. Nurse #2 further reported that she heard Resident #93 calling for assistance yelling "Nurse! Nurse!" as soon as NA # 1 had left the room. Nurse # 2 stated she went to Resident # 93's room to find out what she needed. Resident #93 reported to her that NA #1 was rough when wiping her bottom and had caused the catheter to come out. Resident #93 also reported that NA#1 "shoved " her, pulled her hands and legs. Nurse #2 further stated she looked at the resident's bottom to see whether the catheter had come out with the balloon still inflated. She reinserted a new catheter back. She (Nurse #2) added she reported the incident to the ADON the next morning.</p> <p>During a follow up interview with Resident #93 on 11/15/2011 at 5:25 PM, she stated that on the night of the incident, NA #1 was working with NA #2. Resident #93 stated that she turned on her call light at about 10:30 PM, and it was answered at about 10:50 PM. Resident stated that NA #2 came to her room and made a</p>	F 226	<p>Re-training of Administrative Nurses- Abuse/Neglect- prevention and reporting process. 11-18-11 by Facility Administrator.</p> <p>2<sup>nd</sup> re-training of Administrative Nurses- Abuse/Neglect- prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms on 11-18-11 by Facility Administrator.</p> <p>Retraining of all staff on Abuse/Neglect- prevention and reporting process. (to include Nurses, Nurse's Aides, Housekeeping, Dietary, Administrative Staff, Maintenance, and Contracted Services) on 11-22-11 by Administrator, Director of Nurses, and Staff Development Coordinator. Interviewable residents were interviewed for potential resident concerns related to potential abuse on 11-16-11 for that resident and other interviewable residents on that hall by Social Worker. Activities Director assisted with completion of interviews on 11-19-11.</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 226	<p>Continued From page 25</p> <p>statement that " why did you wait until it was time for the second shift staff to leave to put on your call light? " The resident added NA#2 made a statement that she (Resident #93) would have to wait for the next (third) shift to come in to change her. Resident #93 added NA #2 went and told NA #1 that she (Resident #93) needed to be changed. NA #1 went to Nurse # 1 who was the night shift (3: 00 PM- 11:00 PM) to complain that she (Resident #93) needed to be changed but it was almost end of the shift. Nurse #1 told NA # 1 that it was not 11: 00 PM yet, and that she could still change her (Resident #93). Resident #93 stated that NA #1 came into the room with NA #2. She (Resident #93) added NA#1 shoved her over by pulling and pushing her legs, and was wiping her bottom really rough as if she was scrubbing the floor. Resident # 93 stated she was yelling in pain "Ouch! Ouch! Ouch!" The resident further stated NA #1 was chewing on a straw and did not say anything. She (Resident #93) added "I felt disgusted, my feelings were hurt. My pain was worse. I was not crying, I was saying Ouch! Ouch! To let them know they were hurting me. My catheter came out." The resident reported that when Nurse #2 came in on the 11:00 PM-7: 00 PM shift, she reinserted a new catheter. The resident also added she would never allow NA #1 and NA #2 to change her or give her any kind of care after the incident.</p> <p>The administrator was notified of the immediate jeopardy on 11/30/2011 at 9:15 AM. The facility provided an allegation of compliance on 11/30/2011 at 6:55 PM. The allegation of compliance indicated:</p>	F 226	<p>Administrator/Director of Nursing Services re-in serviced on Reporting Abuse &amp; Neglect, Preventing Abuse &amp; Neglect, Training all facility on Reporting Abuse Neglect, and Prevention of abuse and Neglect on 11-18-11 by Regional Vice President of Operations. Re-training of Department Heads on Abuse/Neglect-prevention and reporting, Elder Justice Act, Resident Concern Process on 11-18-11 by Administrator.</p> <p>Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. -- on11-18-11 by Administrator.</p> <p>2nd re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms on 11-18-11 by Administrator.</p> <p>All new hires will be In-serviced, during orientation, on abuse/neglect and reporting by Staff Development Coordinator or designee.</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/07/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/30/2011
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NAME OF PROVIDER OR SUPPLIER  CUMBERLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION ROAD FAYETTEVILLE, NC 28306
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(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
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F 226	<p>Continued From page 26</p> <p>What corrective action will be accomplished for those residents affected by the deficient practice?</p> <p>Resident #93 assessed and interviewed upon notification of her concern. 11-15-11 Resident was interview by the Social Worker on 11-15-11. Resident re-interviewed by the Social Worker on 11-16-11. 24 hour report initiated. 11-15-11 by the Director of Nursing. NA #1, and NA#2 were suspended from employment after urine screens obtained. 11-15-11 by Director of Nursing. NA #1 with allegation of physical abuse reported by the facility to the Fayetteville Police Department. 11-15-11 by Facility Administrator. 5 day report completed and NA#1, and NA#2 were terminated from employment. 11-18-11 by Director of Nursing. Administrator/Director of Nursing re-in serviced on reporting abuse neglect and prevention of abuse neglect. 11-18-11 by Regional Vice President of Operations Re-training of Department Heads on Abuse/Neglect- prevention and reporting, Elder Justice Act, and Resident Concern Process. 11-18-11 by Facility Administrator. Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator. 2nd re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms. 11-18-11 by Facility Administrator. Retraining of all staff on</p>	F 226	<p>Interviewable residents were interviewed for potential resident concerns- 11-16-11 for that resident and other interviewable residents on that hall on 11-19-11 all other residents in facility by Social Worker &amp; Activities Director. Retraining of all staff on Abuse/ Neglect – prevention and reporting process. (to include Nurses, Nurse’s Aides, Housekeeping, and Dietary. Administrative Staff, Maintenance, and Contracted Services) on 11-22-11 by Administrator, Director of Nursing Services, and Staff Development Coordinator. Monitor non-interviewable residents for changes that would deviate from their normal behavior ; ( done by using resident census-walking rounds tool) by Social Worker and Activities Director. Administrator/Director of Nursing Services re-inserviced on Reporting Abuse &amp; Neglect, Preventing Abuse &amp; Neglect, Training all facility &amp; on Reporting Abuse Neglect, and Prevention of abuse and Neglect on 11-18-11 by Regional Vice President of Operations.</p>	
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F 226	<p>Continued From page 27</p> <p>Abuse/Neglect-prevention and reporting process. (to include Nurses, Nurse ' s Aides, Housekeeping, Dietary, Administrative Staff, Maintenance, and Contracted Services) 11-22-11 by Administrator, Director of Nurses, and Staff Development Coordinator.</p> <p>Interviewable residents were interviewed for potential resident concerns related to potential abuse. 11-16-11 for that resident and other interviewable residents on that hall by Social Worker. Activities Director assisted with completion of interviews on 11-19-11.</p> <p>What corrective action will be accomplished for those residents having potential to be affected by the same deficient practice?</p> <p>Administrator/Director of Nursing Services re-in serviced on Reporting Abuse &amp; Neglect, Preventing Abuse &amp; Neglect, Training all facility on Reporting Abuse Neglect, and Prevention of abuse and Neglect. 11-18-11 by Regional Vice President of Operations.</p> <p>Re-training of Department Heads on Abuse/Neglect- prevention and reporting. Elder Justice Act, Resident Concern Process. 11-18-11 by Administrator.</p> <p>Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Administrator.</p> <p>2nd re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms. 11-18-11 by Administrator.</p> <p>All new hires will be in-serviced, during orientation, on abuse/neglect and reporting by</p>	F 226	<p>Re-training of Department Heads on Abuse/Neglect- prevention and reporting, Elder Justice Act, Resident Concern Process on 11-18-11 by Facility Administrator.</p> <p>Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator.</p> <p>2<sup>nd</sup> re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process to include new forms. 11-18-11 by Facility Administrator.</p> <p>Department Head Meeting Agenda will include the administrator asking the department heads: "Has anyone made you aware of any reports of abuse/neglect?"</p> <p>All new hires will be in-serviced, during orientation, on abuse/neglect and reporting by Staff Development Coordinator or designee by Staff Development Coordinator or Designee.</p>	

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F 226	<p>Continued From page 28</p> <p>Staff Development Coordinator or designee. Interviewable residents were interviewed for potential resident concerns- 11-16-11 for that resident and other interviewable residents on that hall. On 11-19-11 all other residents in facility by Social Worker &amp; Activities Director. Retraining of all staff on Abuse/Neglect - prevention and reporting process. (to include Nurses, Nurse 's Aides, Housekeeping, and Dietary. Administrative Staff, Maintenance, and Contracted Services) 11-22-11 by Administrator, Director of Nursing Services, and Staff Development Coordinator.</p> <p>Monitor non-interviewable residents for changes that would deviate from their normal behavior ; ( done by using resident census-walking rounds tool) by Social Worker and Activities Director.</p> <p>What measures will be put into place or systemic changes will be made to ensure that the deficient practice will not occur:</p> <p>Administrator/Director of Nursing Services re-inserviced on Reporting Abuse &amp; Neglect, Preventing Abuse &amp; Neglect, Training all facility &amp; on Reporting Abuse Neglect, and Prevention of abuse and Neglect. 11-18-11 by Regional Vice President of Operations.</p> <p>Re-training of Department Heads on Abuse/Neglect- prevention and reporting, Elder Justice Act, Resident Concern Process. 11-18-11 by Facility Administrator.</p> <p>Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator.</p> <p>2nd re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process.</p>	F 226	<p>All staff, including new hires, will be in-serviced on recognizing "Burn Out" and signs of aggression, seeking assistance, and reporting to supervisor any co-workers who may be showing signs of "Burn Out" by Staff Development Coordinator or designee.</p> <p>Re-Training on Abuse/Neglect- prevention and reporting process. (to include Nurses, Nurse's Aides, Housekeeping, Dietary, Administrative Staff, Maintenance, and Contracted Services) on 11-22-11 by Administrator, Director of Nursing Services, and Staff Development Coordinator)</p> <p>Resident Care Audits will be done by Administrative Nurses to observe preservation of resident dignity, and absence of care giver burn out, abuse and neglect. (To include all three shifts, Nurse and Nurse Aides)- 3 per week on each shift x4 weeks- then weekly x3 months- and reviewed at the Quarterly QI meeting.</p> <p>Monitor non-interviewable residents for changes that would deviate from their</p>	
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F 226	<p>Continued From page 29</p> <p>Elder Justice Act, Resident Concern Process, 24/5 reporting process to include new forms. 11-18-11 by Facility Administrator.</p> <p>Department Head Meeting Agenda will include the administrator asking the department heads: "Has anyone made you aware of any reports of abuse/neglect?"</p> <p>All new hires will be in-serviced, during orientation, on abuse/neglect and reporting by Staff Development Coordinator or designee by Staff Development Coordinator or Designee.</p> <p>All staff, including new hires, will be in-serviced on recognizing "Burn Out" and signs of aggression, seeking assistance, and reporting to supervisor any co-workers who may be showing signs of "Burn Out" by Staff Development Coordinator or designee.</p> <p>Re-Training on Abuse/Neglect- prevention and reporting process. (to include Nurses, Nurse 's Aides, Housekeeping, Dietary, Administrative Staff, Maintenance, and Contracted Services) 11-22-11 by Administrator, Director of Nursing Services, and Staff Development Coordinator)</p> <p>Resident Care Audits will be done by Administrative Nurses to observe preservation of resident dignity, and absence of care giver burn out, abuse and neglect. (To include all three shifts, Nurse and Nurse Aides)-3 per week on each shift x4 weeks- then weekly x3 months- and reviewed at the Quarterly QI meeting.</p> <p>Monitor non-interviewable residents for changes that would deviate from their normal behavior; (done by using resident census-walking rounds tool) by Administrative Nursing staff or designee.</p> <p>Monitoring:</p> <p>Re-inservice on Abuse/Neglect prevention.</p>	F 226	<p>normal behavior; (done by using resident census-walking rounds tool) by Administrative Nursing staff or designee.</p> <p>Re-inservice on Abuse/Neglect prevention. 100% of staff in all departments(to include all 3 shifts Nurses, Nurse Aides, Housekeeping, Dietary, Maintenance, and Contract Employees) by Designated Administrative Staff. Will be done every two weeks x3, then monthly x3, then quarterly by Administrative Nursing Staff or designee.</p> <p>Resident interviews for potential concerns weekly x4 weeks then monthly x3, then quarterly by Social Worker or designee. Results will be reviewed at the Quarterly QI Meeting .</p> <p>Random staff Interviews ( 5 staff members) weekly x4 weeks, then monthly x3, then quarterly. Interviews will cover questions relating to recognition and reporting of abuse/neglect and "Burn Out" by Administrative Nursing Staff or designee. Results will be reviewed</p>	
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F 226	<p>Continued From page 30</p> <p>100% of staff in all departments(to include all 3 shifts Nurses, Nurse Aides, Housekeeping, Dietary, Maintenance, and Contract Employees) by Designated Administrative Staff. Will be done every two weeks x3, then monthly x3, then quarterly by Administrative Nursing Staff or designee.</p> <p>Resident interviews for potential concerns weekly x4 weeks then monthly x3, then quarterly by Social Worker or designee. Results will be reviewed at the Quarterly QI Meeting .</p> <p>Random staff interviews ( 5 staff members) weekly x4 weeks, then monthly x3, then quarterly. Interviews will cover questions relating to recognition and reporting of abuse/neglect and " Burn Out " by Administrative Nursing Staff or designee. Results will be reviewed at the Quarterly QI Meeting.</p> <p>Daily monitoring of staff to observe for signs of burn-out/aggression utilizing a QI tool.(will include all three shifts, Nurses, Nurse 's Aides, Dietary, Housekeeping, Administrative Staff, Maintenance, and Contract Employees) by Administrative Nursing staff and or designee.</p> <p>Resident Care Audits will be done by Administrative Nurses to observe the preservation of resident dignity, and absence of care giver burn out, abuse and neglect. ( To include all three shifts, Nurses and Nurse Aides)- 3 per week on each shift x4 weeks- then weekly x3 months- and reviewed at the Quartely QI meeting.</p> <p>Non-interviewable resident audit tool will be done by Administrative Staff or designee ( all non-interviewable resident weekly x4 weeks, then monthly x3, then quarterly . Results reviewed at the Quarterly QI meeting. 11-30-11</p>	F 226	<p>at the Quarterly QI Meeting.</p> <p>Daily monitoring of staff to observe for signs of burn-out/aggression utilizing a QI tool.(will include all three shifts, Nurses, Nurse's Aides, Dietary, Housekeeping, Administrative Staff, Maintenance, and Contract Employees) by Administrative Nursing staff and or designee.</p> <p>Resident Care Audits will be done by Administrative Nurses to observe the preservation of resident dignity, and absence of care giver burn out, abuse and neglect. ( To include all three shifts, Nurses and Nurse Aides)- 3 per week on each shift x4 weeks- then weekly x3 months- and reviewed at the Quartely QI meeting.</p> <p>Non-interviewable resident audit tool will be done by Administrative Staff or designee ( all non-interviewable resident weekly x4 weeks, then monthly x3, then quarterly results reviewed at the Quarterly QI meeting on 11-30-11.</p>	
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F 226	Continued From page 31 Compliance date: 11/30/2011 All new hires will be in-serviced, during orientation, on abuse/neglect and reporting.  On 11/30/2011 at 7:00 PM, verification of the credible allegation was evidenced by interviews of direct care staff related to mandatory reeducation on abuse, review of the new "Abuse Prohibition Training" packet dated 11/22/2011, review of in-service rosters on reeducation of staff on abuse, review of disciplinary actions delivered to all staff involved in the incident on 10/30/2011, that included ADON, NA #1 and NA#2 being terminated from their job positions. All direct care staff reported they received reeducation on abuse, the importance of reporting and protecting the residents at the facility.	F 226	F318 Resident # 7 was reassessed by the Director of Nursing for placement on rolled washcloth to left hand on 11-16-11. Resident #7 will continue to have rolled washcloth placed in left hand daily for contractures with refusals documented in the Nurses' notes. All other residents with contractures to include those of the hands have been reassessed by the Director of Nursing for proper device placement and use with follow up taken as appropriate for any identified areas of concern on 11-16-11. All nursing staff were in-serviced on the use of devices to include rolled wash cloths for contractures and documentation of refusals in the nurses' notes by the Staff Development Coordinator on 11/16/11. The DON and/or Administrative Nurses will monitor the use of the proper placement of	12-19-11	
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION  Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.  This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to apply a hand rolled washcloth in the hand of a resident who had left hand contracture and failed to document noncompliance of the resident to have the hand rolled wash cloth placed for 1 of 3 residents	F 318			



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F 318	<p>Continued From page 32 (Resident #7).</p> <p>Findings include:</p> <p>Resident #7 was admitted to the facility on 1/1/2006 and readmitted on 9/14/11. Cumulative diagnoses included Muscle Weakness, Dementia, Psychosis and Debility. The quarterly Minimum Data Set (MDS) completed on 10/31/11 indicated Resident #7 had short and long term memory loss. The MDS indicated upper range of motion was impaired on one side.</p> <p>A review of a telephone order completed by the occupational therapist dated 9/15/11, signed by the physician assistant on 9/16/11 stated, "Nursing to continue to apply rolled washcloth to left hand for hygiene 4-6 hours/day."</p> <p>A review of the interdisciplinary care plan note completed on 11/2/11 revealed Resident #7 was identified with contracture of the left hand/fingers.</p> <p>A review of the nurse's progress notes dated 11/6/11 revealed Resident #7 required assistance from the staff with activities of daily living and transfers.</p> <p>A review of the nurses' progress notes from 9/15/11-11/16/11 revealed no documentation that Resident #7 refused to allow the staff to place a rolled wash cloth as ordered to the left hand.</p> <p>On 11/17/11 at 12:50 PM, Resident #7 was observed with her left hand in a quenched position with the fingers positioned inward toward the palm of the hand. There was no rolled wash cloth in place. There was no breakage in the skin</p>	F 318	<p>devices for residents with contracture to include resident#7 utilizing a QI tool weekly x4, monthly x3 then quarterly. The DON and/or Administrative Nurses will follow up on any concern upon identification. The results of the QI audits will be forwarded to the Executive QI Committee monthlyx3 Then quarterly for follow up as deemed necessary and to determine the frequency and/or need for continued monitoring as necessary.</p>	

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F 318	<p>Continued From page 33 integrity.</p> <p>In an interview on 11/17/11 at 1:00 PM, Nursing Assistant (NA) #1 stated she had not put a rolled wash cloth in Resident #7's hand for the day. NA #1 indicated Resident #7 refused and would take the wash cloth out once placed by the staff.</p> <p>In an interview on 11/17/11 at 1:07 PM, Nurse #1 indicated she had witnessed Resident #7 refused to allow a rolled washcloth to be placed by the staff in her left hand.</p> <p>In an interview on 11/17/11 at 3:37 PM, the Staff Development Coordinator revealed she expected the nurses to document Resident #7's refusals to allow a rolled wash cloth to be placed in the left hand.</p> <p>In an interview on 11/17/11 at 5:30 PM, Nurse #2 &amp; Nurse #3 indicated they did not know there was an order for a rolled wash cloth to be placed in the left hand of Resident #7. Nurse #2 added they were responsible for completing the interdisciplinary care plan.</p> <p>In an interview on 11/17/11 at 6:30 PM, the Director of Nursing (accompanied by the administrator) stated she expected the staff to have documented any refusals of Resident #7 failure to comply with the rolled wash cloth in the left hand.</p>	F 318		
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STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345376	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETE: 11/30/2011
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 279	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews, and record review, the facility failed to coordinate care plans for hospice care for one (1) of one (1) sampled resident. (Resident #47)</p> <p>Findings include: Resident #47 was admitted to the facility on 4/28/2011 with diagnoses which included Esophageal Reflux, Arthritis, Anxiety State, Multiple Joint Contractures, Generalized Muscle Weakness and Hematuria unspecified. The current quarterly Minimum Data Set (MDS) dated 10/10/2011 documented the resident had long and short term memory problems. She required total assistance with Activities of Daily Living (ADL's). The MDS further indicated she was receiving hospice care.</p> <p>Review of the Physician order for Resident #47 dated 06/27/11 revealed the resident was admitted to the hospice services due to the resident's declining health status.</p> <p>Review of the Hospice agency care plan revealed the hospice care plan was initiated on 06/28/2011. There were no quartely updates on Hospice agency care plan in the medical records.</p> <p>Review of Resident #47's record revealed there were no updated documentations by the Hospice agency indicating the resident's medical condition since the resident was admitted to hospice services.</p> <p>During the interview with Minimum Data Set (MDS) nurse on 11/17/2011 at 9:00 AM, she stated she did not recall hospice representative attending the care plan meetings for Resident #47 since she was admitted to the hospice services. She further stated that she usually sends hospice representative a note in regard to the date and time of hospice patients care plan meetings, but she is not aware of any hospice representative coming to the meetings.</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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NAME OF PROVIDER OR SUPPLIER  CUMBERLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION ROAD FAYETTEVILLE, NC 28306
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(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
K 038 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 12/2/2011 the facility had a secured special care unit that had the following items deficient with its special locking systems. The specific findings include:</p> <ol style="list-style-type: none"> <li>1. The delayed egress from the unit needed an excessive amount of pressure to start the irreversible process. Note: A staff member other than maintenance tested the door with the same result.</li> <li>2. The door release switch at the door entering the wing and the at the nurses station were above 48 inches of the finished floor.</li> </ol>	K 038	<p>Cumberland Nursing &amp; Rehabilitation Center 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. The Plan of Correction is submitted as a written allegation of compliance. Cumberland Nursing and Rehabilitation Center's response to the statement of deficiencies does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate. further Cumberland Nursing and Rehabilitation Center reserves the right to refute any of deficiencies on this statement through informal dispute resolution, Formal appeal procedure and or any other administrative legal proceedings.</p>	
K 062 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 12/2/2011 the facility had a</p>	K 062		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Candice Brown-Saldu TITLE: RT - RNFA (X6) DATE: 12-15-11

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.

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

PRINTED: 12/05/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  12/02/2011
NAME OF PROVIDER OR SUPPLIER  CUMBERLAND NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION ROAD FAYETTEVILLE, NC 28306		
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K 082	Continued From page 1 quick response sprinkler head in the dietary department just across from the director's office that had paint on the bulb.  CFR# 42 CFR 483.70 (a)	K 082	K 038 Delayed egress has been adjusted so that minimal pressure will start the irreversible process. repaired 12/8/11. No other pressure Sensitive delayed egress Doors on premises to Correct. Delayed egress will Be inspected weekly For proper function x4 Weeks. Then monthly X3, then quarterly Utilizing an QI audit Tool. Results will be Reviewed at the Quarterly QI meeting.  The door release switch has been lowered below the 48 inch level, repaired 12/8/11. No other door release Switches on premises To correct.	12/13/11	

*EMJ*

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K 062			<p>K 062: Sprinkler head in the Dietary Department has been replaced. 12/13/11. All other sprinkler Heads audited for Build-up on 12/13/11. Sprinkler heads will Be audited weekly x4, Then monthlyx3, then Quarterly utilizing A QI tool. Results will be Reviewed at the Quarterly QI meeting.</p>	12/13/11.