

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

NOV 26 2012

*Accepted*  
*M.P.*

PRINTED: 11/13/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345487	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/31/2012
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NAME OF PROVIDER OR SUPPLIER  CHERRY POINT BAY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 110 MCCOTTER BLVD HAVELOCK, NC 28532
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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 250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide a follow up appointment for one of one resident (Resident #1) who returned to the facility after surgery. The findings include:</p> <p>Resident #1 was admitted to the facility 3/20/2012 with cumulative diagnoses of altered mental status, right-sided weakness, and diabetes. The 14 day re admission Minimum Data Set (MDS) dated 9/17/2012, noted the resident was cognitively intact for daily decision making.</p> <p>Resident #1 was admitted to the hospital for surgery following a broken hip. The surgery was done on 9/3/2012, and the resident was readmitted to the facility on 9/5/2012. A review of the medical record revealed that the discharging physician stated as " Discharge Follow Up: 1.He needs to follow up with Dr. [surgeon 's name] in 10-14 days. "</p> <p>A review of Resident #1 ' s record did not indicate there had been a follow up visit with the surgeon as ordered.</p> <p>In an interview on 10/31/2012 at 9:30 AM, the</p>	F 250	<p>Cherry Point Bay Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent 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.</p> <p>Cherry Point Bay's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Cherry Point Bay reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F250 483.15(g)(1) Provision of Medically Related Social Service SS=D</p> <p>Resident #1 required no further reviews due to resident is no longer in facility.</p>	

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

TITLE

(X6) DATE

*Courtney Collier*, Administrator

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.

*X*  
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F 250	<p>Continued From page 1</p> <p>facility administrator stated that when a resident was readmitted to the facility, the nurse for that resident would be responsible for making a follow up appointment with the physician office, and the appointment would be recorded in a book kept at the nursing station. The administrator looked through the book and stated that she could not find an appointment for Resident #1 for a post operative visit.</p> <p>In an interview on 10/31/2012 at 3:30 PM Nurse #1 ( the nurse who took the post operative orders), stated that she did not remember making an appointment for Resident #1 for a follow up visit with the surgeon. Nurse #1 stated that she did not know if she forgot to make the appointment, or if she passed it off to someone else. Nurse #1 stated that if she received a resident from the hospital who needed a follow up appointment, she would be the person responsible for making the appointment.</p>	F 250	<p>100% of new admissions/re-admissions within the last 3 months will be audited for follow-up appointments by the QI nurse, completed on 11-20-12, using a QI tool.</p> <p>100% of nurses were in-serviced by the QI Nurse on 11-1-12 about process of follow-up appointments with admissions/re-admissions of residents. All new admissions/re-admissions will be audited using a QI tool to ensure all follow-up appointments are scheduled per MD recommendations by the QI nurse/designee weekly X4 and then monthly X3.</p> <p>The Executive QI Committee will meet and review audits to identify and address concerns and/or trends and to follow up as necessary and to determine the frequency and the need for continued monitoring weekly X4, then monthly X3.</p>	11-20-12	