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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 11/01/2013 FORM APPROVED OMB NO. 0938-0391

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	17/2013	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB DR FAYETTEVILLE, NC 28301		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE	9/18/1:	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

JITLE

(X6) DATE

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CHA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	harman and a second a second and a second an		8	TREET ADDRESS, CITY, STATE, ZIP CODE	1 101	
	ING PINES NURSING &	REHAB CENTER			23 COUNTRY CLUB DR AYETTEVILLE, NC 28301		
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F 157	F 157 Continued From page 1 this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews and physician interviews, the facility failed to notify the physician for 1 of 2 residents (Resident #1) exhibiting signs and symptoms of acute changes in condition. Resident #1 was admitted to the hospital with a left femoral fracture on 9/18/2013. The immediate Jeopardy began on 9/17/13 at the time the nurse aide allowed the resident to slip to		F 18		established will address all residents in the facility. Each resident will continue to be monitored as of 10/4/13 through routine assessment and observation by the unit nurse and/or nursing supervisor. Should a resident experience an episodic event, it will be noted on the 24 hour report by the unit nurse or nursing supervisor and the acute assessment and charting process will begin and continue every shift for a minimum of 72 hours by the unit nurse or until resident episodic event resolves. Notification of physician and responsible party is part of episodic charting and will be documented.		10/4/13
	notified of the Immed at 5:35 pm. The Imm removed on 10/17/13 provided a Credible A The facility will remai scope and severity o potential for more the immediate Jeopardy process of full implen- their corrective action	3 at 5:15 pm when the facility Allegation of Compliance. In out of compliance at a If no actual harm with the In minimal harm that is not In the facility was in the Innestation and monitoring			Beginning 10/16/13, any change in condition identified from the 24 has report, the appropriate chart will be reviewed for evidence of assessment treatment plan, monitoring of plan appropriate notification of physiciand responsible party. This monit will be completed by the DNS, Cl Care Coordinator, Nurse Supervise All licensed nursing staff have be	our e ent, an oring inical or.	10/16/13
	Changes revised Apr nursing staff will cont the urgency of the sit they will call or page prompt response (wit hour or less). The att	policy on Acute Condition il 2009 Indicated "The act the Physician based on uation. For emergencies, the Physician and request a hin approximately one-half ending physician (or a backup coverage) will			assigned on-line learning course "Effective Communication" (this i repeat from the 1/30/13). This claincludes the SBAR tool for communication with the physician All nursing assistants were in-served by the DNS on 9/20/13 regarding "STOP and WATCH" method of	ss iced	9/20/13

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AD PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING		(X3) DATE COMP	SURVEY LETED			
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		345348	B, WING			10/	17/2013
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WHISPER	ING PINES NONSING &	NEDAD SERVER		F	AYETTEVILLE, NC 28301		
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F 157	problems or changes staff will notify the Me guidance and consult not received." Resident #1 was adm 6/10/2005 with diagnoral Alzheimer's dementia. The most recent Mining 8/9/2013 indicated the cognitively impaired, revealed the resident transfers and required person. The assessm resident required extended the resident required extended the resident required extended for the facility log revealed Resident #1 dated 9/1/2013 at 10:30 incident/Accident Repnot administered. Review of the Witness 9/18/2013 by Nurse # by Nursing Assistant (Resident #1's left leg witness statement furt assessment of the afficonducted, and that the	anner to notification of in condition and status. The dical Director for additional ation if a timely response is sitted to the facility on oses which included and osteoarthritis. The mum Data Set (MDS) dated a resident was severely are same MDS assessment was totally dependent for it the assistance of one ent further indicated the ensive assistance with ment indicated the resident at the fact of the fact of the indicated the resident at the fact of the indicated the resident at the fact of t	£	157	After the murse addresses the issue the STOP and WATCH the form returned to the DNS and reviewed morning clinical meeting for mon follow-through. This information be included as additional training CNA orientation and annual reorientation and has been added to CNA skills checklist. The licensed nursing staff were in serviced by the Corporate Directo Clinical Operations (DCO) or appropriate designee on regarding following areas on 10/4/13: Resid Examination and Assessment; Acute/Episodic Documentation; S Hierarchy for Nurse Administratic Contact; and Acute Condition Chaclinical Protocol. On 10/15/13, the DCO returned to provide a refrest course on the following topics: Documentation - General; Episodic/Eyent Charting; Notification or Status. The Hierarchy of Nurse Administration Contact was in-serviced and initiational contact was in-serviced and initiations regarding no physician notification due to the on-call service paging the wrong physician.	ge. e on is l in the itoring will in the r of gthe ent BBAR; on anges- ne ner tion dition ted on ner	10/4/13
	and abducted as oppo	ne left leg was "edematous osed to the right leg. No s/sx f pain or discomfort upon			Licensed nursing staff were re- inserviced by the Corporate Direct	tor of	

	OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	1 ' '	RPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER WHISPERING PINES NURSING & REHAB	CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB DR FAYETTEVILLE, NC 28301	10,1778010	
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F 157 Continued From page 3 manipulation. Medical Doctor service was then called to ad Review of the Witness Intervi #1 did not reveal a date and it service was notified. On 10/4/2013 at 11:39 am, di Nurse #1 indicated she was r 9/17/2013 at 10:30 pm that R was swollen. She stated "The swollen than the right and the slanted. "Nurse #1 stated she answering service after leavir room on 9/17/13 at 10:30 pm oncoming nurse (Nurse #2) the the call prior to leaving shift. Review of the local Physician revealed "Date 9/17/2013, tir Reason for call: possible leg if A review of the facility 24 hot 9/18/2013 revealed "no retur- related to left leg/knee for Res Review of a nurse's note by N 9/18/2013 at 12:30 pm reveal noted to be swollen, reddened right leg. PA (Physician Assist 10:16 am. Stat x-ray ordered. 10:20 am. The X-ray compan- at 10:45 am. PA notified of res given to send the resident to the evaluation of left displaced ob called at 12:15 pm. Vital signs as prior to leaving 117/60-62- % oxygen saturation on room	vise of findings." ew Form by Nurse ime the answering uring an interview notified by NA #3 on esident #1's left leg teft leg was more placed a call to the ng the resident 's and informed the nat she had placed Paging log undated ne 12:12 am, fracture." ur report dated n call from MD sident #1." lurse # 3 dated ed "Left upper leg d and shorter than ant) notified at X-ray called in at y entered the facility sults. Order was he hospital for lique fracture. EMS were documented 20-97 temp, with 97	F1	Clinical Operations on 10/4/13 and 10/15/13 as to the standard criteria monitoring resident's condition as listed, but not limited to Condition Changes, VS (TPR, BP, Pulse Ox) Level of Consciousness and Responsiveness; Level of Cognition All licensed mursing staff have been inserviced by the Corporate Director Clinical Operations on 10/4/13 and 10/15/13 with regards to Documentation Standards in acute/episodic charting, SBAR, reporting status changes to physicia and RP to include additions of new medications. Any licensed staff must who has not been inserviced by the DNS or appropriate designee as of 10/17/13 will not be allowed to report or duty until training is complete. Information will be included as additional training in licensed nursi orientation and annual re-orientation and has been added to the licensed murse skills checklist. 24 Hour reports will continue to be reviewed during morning meetings. Nurse's notes, for applicable residen will be reviewed by DNS or designed ensure timely notification was made according to Acute Change in Condition Clinical Protocol. and Hierarchy for Nurse Administration Contact five tiper week. Quality Assurance of Acute Care August 1 and 1 and 1 and 1 and 2 accompleted based on will randomly be completed based on	n. I re- or of un rse ort This ng u 10/4/13 ts, e to tion- mes dits	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 167	Review of the hospita 9/18/2013 revealed R with a left proximal fer displacement and left A review of the physic 10/1/2013 indicated admit." A review of the Hospital Treatment revealed reservices on 10/3/2013 A review of the Recorexpired 10/4/2013 at 10 On 10/4/2013 at	Il History and Physical dated esident #1 was admitted moral fracture with hip swelling. Idean telephone order dated 'Hospice to evaluate and 'Ce Certification and Plan of esident was admitted to 3. Id of Death revealed resident 10:05 pm. If am during an interview, e was informed by Nurse #1 is on call physician to notify ling in Resident #1 left thigh. ated swelling in an mal finding and could estated she did not		157	change mentioned on the 24 Hour r five times per week for two months once weekly for one month and the monthly thereafter. These audits wi reviewed by the ED and DNS week and findings will be brought to the monthly QA Committee by the or appropriate designee and will be reviewed by the Committee monthl times 3 months followed by quarter 3 quarters and then as needed, for compliance with plan Plan will be revised as needed with appropriate staff re-in-serviced to a changes. Policies, procedures and training will be reviewed as necessary	s, then n III be sly DNS y dy for	

MAJE OF PROMDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 10/17/2013		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
WHISPERING PINES NURSING & REHAB CENTER PHOP IS SUMMARY STATEMENT OF DESICIENCIES (EACH DEPOSITION WASTE OF DESICIENCY) F 157 Continued From page 5 fligh during the shift chenge report. She further revealed was ested of the left high at Scot Cotor again. "Numes #3 revealed she was informed of the eltempt to only the left high at Scot on and obtained as et of vital signs. She further revealed she and the nursing assistent went back in the resident was not yelling out as she normally does. Nurse #3 indicated she was ware that Resident #1 had episodes of vomiting and changes in appetite on 9/17/2013 and 9/18/2013. She further stated she thought it was just isolated incidents. In an Interview on 10/4/2013 at 2:42 pm, the Director of Nursing (DON) states she expected the nurse to call \$111 and have the resident sent to the emergency, she expected the nurse to call \$111 and have the resident so contition. "The attending physician vas paged but the nurse should have placed a call to the paging service egain after 15 minutes of not receiving a call back from the on call physician vas paged but the nurse should have placed a call to the paging service was required then to call the on call physician vas paged but the nurse should have placed a call to the paging service was seasosed the resident 'is gwith was valing and abduction, and the on call physician did not call back, she should have called \$111 and sant the							l	C
WHISPERING PINES NURSING & REHAB CENTER CAN ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BET PRECEDED BY PULL REGULATORY ORLS DEFINITIVING INFORMATION) Deficiency ACTION SHOULD BE CONSERVER ACTION SHOULD BE CONSERVER REGULATORY ORLS DEFINITIVING INFORMATION) PREFIX TAG	ļ		345348	B. WNG		•	10	/17/2013
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PREFIX TAG RESULATORY OR LSC IDENTIFYING INFORMATIONS F 157 Conlinuad From page 6 thigh during the shift change report. She further revealed she was shormed of the attempt to notify the physician the night before with no return call. She stated "I don't know why I did not attempt to call the doctor again." Nurse #3 revealed she was aware that Resident #1 se welling to the left thigh at clo on am and obtained a set of vital signs. She further revealed she and the nursing essistant went back in the resident's room at 10:00 am and obtained a set of vital signs. She further revealed she and the nursing essistant went back in the resident's room at 10:00 am and obtained a set of vital signs. She further revealed she and the nursing essistant went back in the resident was not yelling out as she normally does. Nurse #3 indicated she was aware that Resident #1 had episodes of vomiting and changes in appotite on 9/17/2013 and 9/18/2013. She further stated she thought it was just isolated incidents. In an interview on 10/4/2013 at 2:42 pm, the Director of Nursing (DON) stated she expected the nurse to attempt to call the doctor again if the doctor did not call back. The DON further indicated in the event of an emergency, she expected the nurse to call 911 and have the resident sent to the emergency room. On 10/16/2013 at 3:00 pm, during an Interview, the attending physician stated "The nurses need to be sure to call whan they notice the changes in the resident's condition. "The attending physician was paged but the nurse should have placed a call to the paging service again after 15 minutes of not receiving a call back from the on call physician did not call back, she should have called 011 and san the					FAYETTE	VILLE, NC 28301		
thigh during the shift change report. She further revealed she was informed of the attempt to nolify the physician the night before with no return call. She stated "I don't know why I did not attempt to call the doctor again." Nurse #3 revealed she assessed Resident #1's swelling to the left thigh at 5:00 am and obtained a set of vital signs. She further revealed she and the nursing assistant went back in the resident's room at 10:00 am and that the resident's room at 10:00 am and that the resident yas not yelling out as she normally does. Nurse #3 indicated she was aware that Resident #1 had episodes of vomiting and changes in appetite on 9/17/2013 and 9/18/2013. She further stated she thought it was just isolated incidents. In an interview on 10/4/2013 at 2:42 pm, the Director of Nursing (DON) stated she expected the nurse to attempt to call the doctor again if the doctor did not call back. The DON further indicated in the event of an emergency, she expected the nurse to call 911 and have the resident sent to the emergency room. On 10/16/2013 at 3:00 pm, during an interview, the attending physician stated "The nurses need to be sure to call when they notice the changes in the resident's condition. "The attending physician slated in this case the wrong physician was paged but the nurse should have placed a call to the paging service again after 15 minutes of not receiving a call back from the on call physician. She further indicated the answering service was required then to call the on call physician directly. The attending physician further stated if the nurse assessed the resident's tog with swelling and abduction, and the on call physician directly.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI		EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI		COMPLETION
patient to the emergency room.		thigh during the shift of revealed she was info notify the physician the call. She stated "I do attempt to call the doc revealed she assesses the left thigh at 8:00 a vital signs. She further nursing assistant wen room at 10:00 am and yelling out as she nor indicated she was away episodes of vomiting a 9/17/2013 and 9/18/20 thought it was just isold in an interview on 10/10 Director of Nursing (Dithe nurse to attempt to doctor did not call back indicated in the event expected the nurse to resident sent to the endoctor did not call when the resident 's conditionated in this case the paged but the nurse sident to the nurse sident in this case the paged but the nurse sident in the resident in the resident in the resident in the call that the paging service against the paging service against the paging service agains action of the attending physicial assessed the resident abduction, and the onback, she should have	change report. She further of med of the attempt to be night before with no return n't know why I did not clor again." Nurse #3 and Resident #1's swelling to m and obtained a set of a revealed she and the totack in the resident was not mally does. Nurse #3 are that Resident #1 had and changes in appetite on 213. She further stated she lated incidents. 4/2013 at 2:42 pm, the ON) stated she expected of call the doctor again if the k. The DON further of an emergency, she call 911 and have the mergency room. 2) pm, during an interview, in stated "The nurses need in they notice the changes in on. "The attending physician wrong physician was should have placed a call to so in after 15 minutes of not form the on call physician directly. In further stated if the nurse is leg with swelling and call physician did not call called 911 and sent the	F	57			

	OF DEFICIENCIES CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		ONSTRUCTION	COM	SURVEY PLETED
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	ROVIDER OR SUPPLIER			STR 523	REET ADDRESS, CITY, STATE, ZIP CODE COUNTRY CLUB DR YETTEVILLE, NO. 28301	<u>, iv.</u>	11112010
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F 157	Continued From page	ə 6	F	157			
	Allegation on October Credible Allegation of Resident #1 was note leg on 09/17/13 (1030 On 09/20/13 investigated incident occurred on admitted to a local hosurgery on 9/19/13 to Resident was re-adm Nursing and Rehability under Hospice care at 10/4/13. CNA (NA#1) for failure to notify the 09/16/13 when it occurred and the facility continue to be monitor routine assessment and resident experience at noted on the 24 hour nursing supervisor and charting process every shift for a minimurse or until resident Notification of physicipart of episodic charting Beginning 10/16/13, at 12.	alted to Whispering Pines tallon Center on 10/1/13 and expired in the facility on was terminated on 9/20/13 and expired an incident on wared. The potential for a change in tablished will address all y. Each resident will pred as of 10/4/13 through and observation by the unit					
	chart will be reviewed assessment, treatment	for evidence of nt plan, monitoring of plan,					

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F 157	Continued From page	a 7	F	157	,			
	appropriate notification	n of physician and						
	on-line learning cours Communication" (this	is a repeat from the ncludes the SBAR tool for						
	DNS on 9/20/13 regar WATCH " method of resident condition and change. After the nur the STOP and WATCI DNS and reviewed in for monitoring of followill be included as ad	noticing a change in I alerting the nurse to that se addresses the issue on If the form is returned to the the morning clinical meeting w-through. This information ditional training in CNA I re-orientation and has						
	the Corporate Directo appropriate designee areas on 10/4/13 and Change; facility policy status with Includes ne responsible party; the	staff were re-inserviced by r of Clinical Operations or on regarding the following 10/15/13 157/Notification of on Change in Resident otification of physician and Quality of Assurance of oring of follow-through.	A					
	Corporate Director of 10/4/13 and 10/15/13 for monitoring residen not limited to Conditio Pulse Ox) Level of Co	were re-inserviced by the Clinical Operations on as to the standard criteria i's condition as listed, but n Changes, VS (TPR, BP, nsciousness and el of Cognition. All licensed	de valetamentelenerationes de ver est propositiones de ver est proposit					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	KS FOR MEDICARE &	MEDICAID SERVICES				OMB NO	<u>0, 0938-0391</u>
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F 157	nursing staff have bee	en re-inserviced by the	F	15	7		
	10/4/13 and 10/15/13	l Clinical Operations on B with regards to dards in acute/episodic					
	charling, SBAR, report physician and RP to it	orting status changes to include additions of new ensed staff nurse who has					
	not been inserviced b designee as of 10/17/	by the DNS or appropriate /13 will not be allowed to			The state of the s		
	information will be inc	t for duty until training is complete. This nation will be included as additional training ensed nursing orientation and annual					
		s been added to the licensed					
F 309	credible allegation wa direct care nursing sta related to notification condition. The nurses hierarchy of change fo any acute changes in 483.25 PROVIDE CA	s were aware of the or all current residents with condition. RE/SERVICES FOR	F	308	9		
SS=J	provide the necessary or maintain the highes mental, and psychoso	eceive and the facility must y care and services to attain st practicable physical,	er ett m. er sen m. er se sen m. er sen				
77.7	by: Based on record revie	is not met as evidenced ew, staff interviews and ne facility falled to assess 1					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, .		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345348	B, WING				0 17/2013
	ROVIDER OR SUPPLIER ING PINES NURSING & F	REHAB CENTER	1	6:	TREET ADDRESS, CITY, STATE, ZIP CODE 23 COUNTRY CLUB DR AYETTEVILLE, NC 28301	1 101	1772010
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F 309	symptoms of acute chimely assessment for #1 was admitted to the fracture on 9/18/2013. began on 9/17/13. The of the Immediate Jeoppm. The factility of no actual himore than minimal the Jeopardy (D). The factility implementation and corrective action. Findings included: Review of the facility in Changes revised April nursing staff will contain the urgency of the situation of th	ant #1) exhibiting signs and langes in condition, nor immediate care. Resident e hospital with a left femoral. The immediate Jeopardy e administrator was notified bardy on 10/16/2013 at 5:35 opardy was removed on a when the facility provided of Compilance. The facility pliance at a scope and farm with the potential for at is not immediate eithy was in the process of dimonitoring their consideration. For emergencies, the Physician and request a sin approximately one-half inding physician (or a packup coverage) will anner to notification of an condition and status. The dical Director for additional attention if a timely response is	F	309	FILING THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION THAT THE DEFICIENCIES ALLEGED, DID IN FACT EXIST. THIS PLAN OF CORRECTION IS FILED AS EVIDENCE OF THE FACILITY'S DESIRE TO COMPLY WITH THE REQUIREMENTS. Resident #1 was noted to have swel to her left leg on 9/17/13 (1030 PM The nurse assessed the leg and calle the on-call service. The on-call ser paged the wrong provider and no re call was received. The PA-C was notified on 9/18/13 and ordered an ray. Investigation started. On 9/20 investigation revealed that the incic occurred on 9/16/13, Resident was admitted to a local hospital on 9/18 and had surgery on 9/19/13 to repail fractured hip. Resident was re-adm to Whispering Pines Nursing and Rehabilitation Center on 10/1/13 un Hospice care and expired in facility 10/4/13, CNA (NA #1) was termin on 9/20/13 for failure to notify the re of an incident on 9/16/13 when it occurred. As all residents have the potential	lling). ed vice eturn x- /13 ir itted ider on ated nurse	9/18/13
	The most recent Minin 8/9/2013 indicated the	num Dala Set (MDS) dated resident was severely		!	change in condition, the plan	וטו מ	10/4/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE	
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THE THE TENTON	MIND VEHICLE	j F	AYETTEVILLE, NC 28301	
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revealed the resident transfers and require person. The assessme resident required extension. The MDS aresident was unstead transfer. The same aresident had limited and lower extremities. A review of Resident updated 8/9/2013 revisk for falls. The carresident was transfer. A review of the facilit log revealed Resident had have transfer. A review of the facilit log revealed Resident had Political to 10 miles and 11:28 am, the Directed she had Nurse #1 to incident report for Rewas diagnosed with a left limitally noticed the sevening before. The was not reported at the facility did not lead the facility did not lead the facility did not lead the resident's abnormality. Noted the extremity was shorter and the left lower extremity was shorter and the left lower extremity was shorter.	The same MDS assessment it was totally dependent for ad the assistance of one ment further indicated the ensive assistance with assessment indicated the dig with surface to surface assessment further indicated range of motion to both upper it. #1 's nursing care plan last wealed the resident was at a plan further indicated the red with the mechanical lift. y September 2013 Accident at #1 had a fall on 9/16/2013. It report was completed by a fall of the resident was femoral fracture on a interview on 10/3/2013 at or of Nursing (DON) stated acome in and complete an asident #1 after the resident the fracture because she had welling and abduction the DON further indicated the fall the time of occurrence and an about the fall until days ped entry per the Director of 013 at 10:00 am indicated from to assess left leg are affected left lower and the fracture decay at the remity rotated. Nurse called oper thigh area. Noted	F 309	established will address all resident facility. Each resident will to be monitored as of 10/4/13 the routine assessment and observating the unit nurse and/or nursing sugardic event, it will be noted to 24 hour report by the unit nurse nursing supervisor and the acute assessment and charting process begin and continue every shift of minimum of 72 hours by the unit or until resident episodic event. Notification of physician and responsible party is part of episocharting and will be documented. All licensed nursing staff have assigned on-line learning course "Effective Communication" (the repeat from the 1/30/13). This cincludes the SBAR tool for communication with the physicial completion of 10/15/13. The licensed nursing staff were serviced by the Corporate Direct Clinical Operations (DCO) or appropriate designee on regarding following areas on 10/4/13; Resemination and Assessment; Acute/Episodic Documentation; Hierarchy for Nurse Administrated Contact; and Acute Condition Collinical Protocol. On 10/15/13, DCO returned to provide a refree	continue crough tion by pervisor. on the or six will for a lit nurse resolves, odic d. been sis is a lo/15/1 tor of ling the ident SBAR; tion changes—the

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ING PINES NURSING &	REHAB CENTER		57	23 COUNTRY CLUB DR AYETTEVILLE, NC 28301		
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F 309	the normal behavior; out when touched. Hi in discomfort. Instruct update MD on the fin house X-ray." During 11:28 am, she stated hilp fracture. " Review of the Witnes 9/18/2013 by Nurse # by NA #3 on 9/17/13 #1's left leg was swol statement further revalfected extremity has the left leg was "eder opposed to the right! symptom) of pain or of manipulation. MD (Miservice was then calling Review of the Witnes reveal the date or time notified. Review of the local Prevealed one call "Date am, Reason for call: In the left leg. PA (Physicial 19:15 am. Stat x-ray 10:20 am. X-ray com 10:45 am. PA notified to send the resident to feft displaced obliq 12:15 pm. Vital signs 117/60-62-20-97 tem	per resident which is yelling procked. Resident moaned to was given for nurse to dings and to request in an interview on 10/3/13 at "It was a classic sign of a "It was a classic sign of a sinterview Form dated at 10:30 pm that Resident len. Nurse #'1's witness ealed an assessment of the discomfort upon edical Doctor) answering ed to advise of findings." Interview Form did not the answering service was hysician Paging log undated the 9/17/2013, time 12:12 cossible leg fracture." Inote by Nurse #3 dated m revealed "Left upper leg reddened and shorter than an Assistant) notified at ordered. X-ray called in at pany entered the facility at of results. Order was given to the hospital for evaluation use fracture. EMS called at prior to leaving	F	309	course on the following topics: Documentation - General; Bpisodic/Event Charting; Notification of RP for Change in Resident Control or Status. The Hierarchy of Nurse Administ Contact was in-serviced and initiation/4/13. There have been no furtisituations regarding no physician notification due to the on-call serviced by the Corporate Direct Clinical Operations on 10/4/13 and 10/15/13 as to the standard criterismonitoring resident's condition a listed, but not limited to Condition Changes, VS (TPR, BP, Pulse Ox Level of Consciousness and Responsiveness; Level of Cognitical Operations on 10/4/13 and 10/15/13 with regards to Documentation Standards in acute/episodic charting, SBAR, reporting status changes to physicand RP to include additions of nemedications. Any licensed staff rewho has not been inserviced by the DNS or appropriate designee as of 10/17/13 will not be allowed to refor duty until training is complete	ration nted on her vice ctor of ad a for s n c) on, en re- ctor of ad when we have a control of	10/4/13

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER LING PINES NURSING & I	REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 623 COUNTRY CLUB DR FAYETTEVILLE, NC 28301					
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F 309	12:32 pm and left at 1 nurse's note did not remedication was admir Review of a nurse's m 9/18/2013 at 4:55 pm "Late entry for 9/17/20 CNA on duty notified "looked swollen" Upo hip appeared edemat comparison to right le s/sx (sign and symptoupon ROM (range of noted to be lying on b MD answering service or PA on duty may be seek further guidance nurse of oncoming sh findings may be converted to the service of	2:40 pm." Review of the every aid treatment or	ļ.	309	information will be included as additional training in licensed nur orientation and annual re-orientation and has been added to the license nurse skills checklist. All nursing assistants were in-ser by the DNS on 9/20/13 regarding "STOP and WATCH" method of noticing a change in resident containing a change in resident containing a change in resident containing the nurse to that chart After the nurse addresses the issue the STOP and WATCH the form returned to the DNS and reviewed morning clinical meeting for more follow-through. This information be included as additional training CNA orientation and annual reorientation and has been added to CNA skills checklist.	viced the lition age. e on is i in the itoring will	9/20/13	
	the nurse's note did nor medication was add or medication was add A review of the facility 9/18/2013 revealed "related to left leg/kneed (Nursing Assistant) #1 he sat the resident up pull her dress down at Wilness Interview For transferred Resident #1 assistance of NA #2 a nurse 's notes in the nat 10:30 pm.	ot reveal first aid treatment ministered. 24 hour report dated no return call from MD			24 Hour reports will continue to be reviewed during morning meeting Nurse's notes, for applicable resid will be reviewed by DNS or design ensure timely notification was mad according to Acute Change in Contact five per week. Quality Assurance of Acute Care A will randomly be completed based change mentioned on the 24 Hour five times per week for two month once weekly for one month and the monthly thereafter. These audits we reviewed by the BD and DNS wee and findings will be brought to	s. ents, nee to le dition- or times ludits on a report s, then en ill be	10/4/13	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING			(X3) DATE SURVEY COMPLETED					
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F 309	Nurse #2 revealed sh that she had paged if the doctor about swel Nurse #2 further indicextremity is an abnormaticate an injury. She document her assess swollen leg in the nurshe did not place the report. She further stanormal baseline. So we know if she is in pain, not make any further physician during her sabout the swelling in stated she documentereturn the call back to report and reported it during the change of the indicated that NA #9/17/2013 that Reside swollen. She stated, swollen than the right slanted." Nurse #1 furun abnormal finding the notify the doctor an evaluation would be indid not place the reside for closer monitoring or related to assessmen. On 10/14/2013 at 11:0 NA (Nursing Assistant Resident #1 up on the put her dress on her cam. He stated the dre	the was informed by Nurse #1 the on call physician to notify illing in Resident #1 left thigh. cated swelling in an imal finding and could the stated she did not sment of Resident #1's tresident on acute charting ated "Screaming is her with her, you really wouldn't ." Nurse #2 stated she did attempts to notify the shift from 11pm through 7am Resident #1's leg. She ted the doctor's failure to the facility on the 24 hour on to the day shift nurse shift verbal report. If 12013 at 11:39 am, Nurse #3 reported to her on ent #1's left leg looked "The left leg was more and the left foot was more and the left foot was more wither indicated abduction is that would indicate the need and that further medical meeded. Nurse #1 stated she dent on acute charting status or implement precautions at of the abducted leg. O7 am, during an interview,	F	309	the monthly QA Committee by the or appropriate designee and will be reviewed by the Committee monthly times 3 months followed by quarter 3 quarters and then as needed, for compliance with plan Plan will be revised as needed with appropriate staff re-in-serviced to at changes. Policies, procedures and training will be reviewed as necessary.	y ly for 1. ny		

	of deficiencies Forrection	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	revealed that he alwa side of the bed to dres resident on the floor be to the door and yelled #1 stated he was not the fall because she was he had planned to tell further stated he forgothe fall on 9/16/13. N/not show any signs of in the chair. During an interview or Nurse #3 revealed she #2 on 9/18/2013 of swithigh during the shift or evealed she was infonotify the physician the call. She stated "I dor attempt to call the door revealed she assesse the left thigh at 8:00 are vital signs. She further nursing assistant went room at 10:00 am and yelling out as she nor indicated she was awa episodes of vomiting a 9/17/2013 and 9/18/20 thought it was just isof On 10/4/2013 at 2:05 p#4 indicated Resident on 9/17/2013 after bre Resident #1 normally it further indicated Resident gest to include dechanges to include dechange	bad about it." NA #1 further ys sat the resident up on the se her. He stated he left the seside the bed while he went down the hall for help. NA able to tell the nurse about was off the floor to lunch but her when she returned. He of to inform the nurse about a #1 stated the resident did pain before she was placed in 10/4/2013 at 1:22 pm, se was informed by Nurse relling to Resident #1's left change report. She further red of the attempt to se night before with no return of		309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
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l		345348	B. WNG			10/17/2013		
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F 309	NA #2, she indicated another resident 's ro transferring Resident further revealed that I the bottom of the gerichair was standing of Indicated her immedia #1 to get the resident further stated NA #1 i anyone. NA #2 indica Monday 9/16/13. She Irrate and angry on the Review of a written strevealed Resident #1 evening meal on 9/17 statement for NA #3 f checked her at 3:30 p she felt good. Her eye and she seemed to be statement further reveagain on my last roun noticed her leg did not the nurse." NA # 3 was not availate She could not be reach number provided by the 10/14/2013 at 11:00 at 11:55am. Review of the hospita 9/18/2013 revealed R with a left proximal feld displacement and left	48 am, in an interview with she was called out of om by NA #1 to assist with #1 into the gerichair. NA #2 Resident #1 was sitting on chair and the back of the f the floor in the back. She ate response was to help NA on up into the chair. NA #2 informed her not to tell ted this incident occurred on further stated NA #1 was e day of the fall. atement undated by NA #3 did not eat or drink during #2013. The witness urther indicated "I first in and she didn't seem like its were fixed on the ceiling its out of it." NA #3's witness ealed "I went in her room d which was 10:00 pm and I it look right so I went and got ble during the investigation. Shed at the telephone he facility on two attempts, im, and 10/14/2013 at	F	309				

NAME OF PROVIDER OR SUPPLIER WHISPERING PINES NURSING & REHAB CENTER STREET ADDRESS, CITY, STATE, ZIP CODE		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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WHISPERING PINES NURSING & REHAB CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) F 309 Continued From page 16 anemia, acute on chronic, "lihere is no external bleeding but may possibly be related to left hip injury intra compartmental bleeding. Patient will need a blood transfusion." Review of the hospital Discharge summary dated 10/1/2013 revealed "drop in hemoglobin and hematocrit level could have been from the left hip fracture. She received a total of four units of packed red blood cells. She was found to have a hemoglobin level of 6.6 on admission." She was evaluated by cardiologist for preoperative risk			345348	B, WING			10/17/20	13
F 309 Continued From page 16 anemia, acute on chronic, "there is no external bleeding but may possibly be related to left hip injury intra compartmental bleeding. Patient will need a blood transfusion." Review of the hospital Discharge summary dated 10/1/2013 revealed "drop in hemoglobin and hematocrit level could have been from the left hip fracture. She received a total of four units of packed red blood cells. She was found to have a hemoglobin level of 6.6 on admission." She was evaluated by cardiologist for preoperative risk			REHAB CENTER		523 COUNTRY CLUB DR	P CODE		
anemia, acute on chronic, "there is no external bleeding but may possibly be related to left hip injury intra compartmental bleeding. Patient will need a blood transfusion." Review of the hospital Discharge summary dated 10/1/2013 revealed "drop in hemoglobin and hematocrit level could have been from the left hip fracture. She received a total of four units of packed red blood cells. She was found to have a hemoglobin level of 6.6 on admission." She was evaluated by cardiologist for preoperative risk	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	(EACH CORRECTIVE A CROSS-REFERENCED Y	CTION SHOULD B OTHE APPROPRI	E CON	PLETION
which showed normal ejection fraction. The discharge summary further indicated multiple discussions with power of attorney confirming that the goal of care was comfort. Despite treatment, the patient continued to decline. The discharge summary further indicated resident was being discharged back to the skilled nursing facility with hospice services. A review of the physician telephone order dated 10/1/2013 indicated "Hospice to evaluate and admit." A review of the Hospice Certification and Plan of Treatment revealed resident was admitted to services on 10/3/2013. A review of the record of death revealed resident expired 10/4/2013 at 10:05 pm. On 10/16/2013 at 3:00 pm, during an interview, the attending physician stated "She lost a lot of blood." She further stated "The nurses need to be sure to call when they notice the changes in the resident's condition." She stated the low hematocrit and hemoglobin could be due to the	F 309	anemia, acute on chribleeding but may posinjury intra compartmeneed a blood transfus 10/1/2013 revealed "chematocrit level could fracture. She received packed red blood cell hemoglobin level of 6 evaluated by cardiolo assessment and had which showed normal discharge summary fediscussions with power the goal of care was of the patient continued summary further indicated summary fu	onic, "there is no external sibly be related to left hip ental bleeding. Patient will idon." I Discharge summary dated frop in hemoglobin and I have been from the left hip if a total of four units of s. She was found to have a 6.6 on admission." She was gist for preoperative risk a 2D echocardiogram done ejection fraction. The arther indicated multiple er of attorney confirming that comfort. Despite treatment, to decline. The discharge eskilled nursing facility with elan telephone order dated Hospice to evaluate and ce Certification and Plan of esident was admitted to 3. I of death revealed resident to 5. I of death revealed resident incop m, during an interview, in stated "She lost a lot of ated "The nurses need to ney notice the changes in n." She stated the low	F	309			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS	FOR MEDICARE &	MEDICAID SERVICES				OMB NO), 0938- <u>0391</u>
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	time of hospitalization resident never fully refracture surgery and the resident comfortable, of the surgery was to bleeding. The attending the nurse assessed the swelling and abduction did not call back, she sent the patient to the sent the patient to the The facility provided the Allegation on October Credible Allegation on October Credible Allegation on October Credible Allegation On 09/17/13 (1030 On 09/20/13 investigation on the surgery on 9/19/13 to Resident occurred on admitted to a local hospitality on 19/16/13 when it occurred on 19/16/16 when	m the time of the fall to the She further stated the covered from the hip he goal became to keep the She indicated the purpose control the pain and the ng physician further stated if he resident's leg with n, and the on call physician should have called 911 and he emergency room. The following Credible 17, 2013 at 5:15 pm: of Compliance for F309: d to have swelling to her left PM). Investigation started. Altion revealed that the 19/16/13. Resident was spital on 9/18/13 and had repair the fractured hip. Alted to Whispering Pines ation Center on 10/1/13 and expired in the facility on was terminated on 9/20/13 nurse of an incident on arred. The potential for a change in tablished will address all to Each resident will and observation by the unit	F	30	9		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	riple construction		(X3) DATE SURVEY COMPLETED	
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F 309	and charting process every shift for a minin nurse or until resident Notification of physici part of episodic chart All licensed nursing s learning course "Effe which includes the SE to the physician for co Licensed nursing staf inserviced by the DOI regarding the followin Facility Policy on which includes notific Quality Assuranc Practice Guidelin Documentation of Licensed nursing staf Corporate Director of and 10/15 as to the s monitoring resident 's but not limited to: Acc Clinical Protocol; VS of Consciousness and Cognition All licensed staff have Documentation Stanc charting, SBAR, repo physician/RP to inclu- medications by the Co Operations on 10/4/1 Any licensed staff me inserviced as of 10/17 report for duty until to This information will be training in licensed no	will begin and continue num of 72 hours by the unit t episodic event resolves. an and responsible party is ing and will be documented. taff were assigned on-line retive Communication " BAR tool for communication completion of 10/15/13. If and C.N.A.s have be re- N or appropriate designee go Change in Resident Status ation of physician re of Acute Care re for Notification of Changes of Notification If were re-inserviced by the Clinical Operations on 10/4 tandard criteria for s condition as listed below, re Condition Changes (TPR, BP, Pulse Ox); Level d Responsiveness; Level of lards in acute/episodic rting change in status to de additions of new orporate Director of Clinical 3 and 10/15/13 rmber who has not been 7/13 will not be allowed to		309			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				OMB N	O. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;			E CONSTRUCTION		E SURVEY PLETED
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F 309	skills checklist. All nursing assistants DNS on 9/20/13 regar	were in-serviced by the rding the "STOP and	F	309			
	change. After the nur the STOP and WATCI DON and reviewed in meeting to monitor for information will be inc	d alerting the nurse to that ree addresses the issue on H the form is returned to the the morning clinical r follow-through. This cluded as additional training d annual re-orientation and					
F 323	direct nursing care stated reporting acute change nursing care staff was WATCH change alerting nurses with a copy to management. The Lico of Acute Changes Pro	as evidenced by interviews of aff related to monitoring and uses in condition. The direct is aware of the STOP and ang tool to be given to the be submitted to	F -	323			
	The facility must ensure environment remains a as is possible; and each	re that the resident as free of accident hazards		e. Philiphiph shaddhirdhirann en e phin se dalam adameter e e e est.			
	This REQUIREMENT	is not met as evidenced		İ			į

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED		
			120020		c	
		345348	B. WNG		10/17	/2013
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				523 COUNTRY CLUB DR		
WHISPER	ING PINES NURSING &	REHAB CENTER		FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X6) COMPLETION DATE
F 323	by: Based on record revi physician interview, that 1 of 5 residents r (Resident #1) was pro- routine care to preventhe floor and causing	iew, staff interviews and ne facility failed to assure eviewed for accidents operly supervised during at the resident from sliding to a fracture. The	F 32	On 9/17/13, the 3-11 CNA reported to murse that Resident #1's leg "looked swollen". The murse assessed the leg noted it to "appeared edematous, slig abducted in comparison to the right I Resident was admitted to the hospita 9/18/13.	and htiy eg".	/18/13
	Jeopardy on 10/16/20 Immediate Jeopardy time of the nurse aide to the floor during car was removed on 10/1 facility provided a Cre Compliance. The faci	began on 9/16/2013 at the a allowed the resident to slip e. The Immediate Jeopardy 7/13 at 5:16 pm when the adible Allegation of lity will remain out of		An incident report was completed an investigation was initiated by the Dir of Nursing Services immediately on 9/18/13 due to this being an injury of unknown origin. CNA involved in the incident was interviewed on 9/20/13 by the DON,	ector 9/	/18/13
	harm with the potentle harm that is not Imme	e and severily of no actual al for more than minimal adiate jeopardy (D), The cess of full implementation corrective action.		QCC and disciplinary action was infeduce to failure to notify the nurse of the incident. This failure of notification resulted in termination of employment 9/20/13.	iated 9/ ne	/20/13
	8/9/2013 indicated the cognitively impaired. revealed the resident transfers and required person. The assessment regulared extensions. The MDS a resident was unstead transfer. The same as	oses which included and osteoarthritis. mum Data Set (MDS) dated a resident was severely. The same MDS assessment was totally dependent for d the assistance of one tent further indicated the assistance with assessment indicated the y with surface to surface assessment further indicated ange of motion to both upper		On 9/18/13, nursing management reviewed Fall Risk Assessments for current residents who had had a fall a 7/1/13 and all new admissions since still residing in the facility. Any new prevention interventions were initiate care planned. New admission reside will continue to be evaluated for fall upon admission and preventive interventions will be put into place for residents at risk. Residents at risk of falling will be identified at each nurs station as a member of the Falling L Club effective 9/23/13. All licensed nursing staff were in-serviced by the	all since 9/1/13 / fall ed and nts risk or	/18/13

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		X3) DATE SURVEY COMPLETED	
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		340346	D. 11110		TREET ADDRESS, CITY, STATE, ZIP CODE	10.	/17/2013	
NAME OF P	ROVIDER OR SUPPLIER				23 COUNTRY CLUB DR			
WHISPER	ING PINES NURSING & F	REHAB CENTER		1 1	AYETTEVILLE, NC 28301			
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	atement of deficiencies Y Must be preceded by full LSC identifying information)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIME DEFICIENCY)	e Ate	(X5) COMPLETION DAYE	
F 323	A review of Resident rupdated 8/9/2013 revisk for falls. The goal that the resident would 90 days. Interventions included providing not the resident verbal refor assistance, providing adequate lighting that resident for at risk for to falls, keeping the rewhen out of bed, place frequently used items resident to prevent the items. The care plan if was transferred with the facility log revealed Resident The Incident/Accident Nurse #1 on 9/18/201 diagnosed with a left for 9/18/2013. During an 11:28 am, the Director she had Nurse #1 to concident report for Resident report for Resident reported at the facility did not lear later. Review of the Witness (Nursing Assistant) #1 he sat the resident up	#1's nursing care plan last ealed the resident was at stated for this problem was led have no falls over the next is listed for this problem no restrictive side ralls, giving minders to use the call belling an environment with a list free of glare, monitor the behaviors which could lead esident in the geri-chair ing the call bell and other within easy reach of the eresident from reaching for further indicated resident he mechanical lift. September 2013 Accident the first that a fall on 9/16/2013. It report was completed by a fiter the resident was	F		and Quality Care Coordinator regardithe policy for Acute Condition Changes/Clinical Protocol on 10/3/13 which address how to notify the phys Transfer status of all residents were reviewed with the care plan updates a posted inside the resident closets on 9/23/13 for CNAs to easily access. N admits will continue to be assessed for care needs and Kardex and closet pos will be updated as needed by the IDT Team. Nursing staff, including CNAs, were serviced by the DON and Quality Car Coordinator on 9/23/13 regarding the following: Reporting Abuse to Facili Management (this policy includes inj of unknown origin); Change in Resid Condition or Status; Repositioning; a the Falling Leaf Club. Staff were als serviced on the INTERACT STOP at WATCH communication tool on 9/20 by the DON. New employee Orienta Sheet was revised on 9/23/13 to inclu the Falling Leaf Club and STOP and WATCH tool to ensure all new emplo will be trained. 9/20/13 on the Falls and Fall Risk Management policy and Fall Preventi Team Interventions by the DON and	dician. and New or stings in-re ity uries ent and o in- ad 0/13 tion ade	9/23/13	
	•	nent further indicated NA #1	*					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIS	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345348	B, WING_		C 10/17/2013
	ROVIDER OR SUPPLIER ING PINES NURSING & F	REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB DR FAYETTEVILLE, NC 28301	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 323	Continued From page transferred Resident # assistance of NA # 2 a On 10/14/2013 at 11:0 NA (Nursing Assistant Resident #1 up on the put her dress on her of 11am. He stated the colid off the bed. NA #1 an accident and I feel revealed that he alwayside of the bed to dres resident on the floor beto the door and yelled #1 stated he was not at the fall because she whe had planned to tell further stated he forgothe fell on 9/16/13. NA not show any signs of in the chair. On 10/14/2013 at 11:4 NA #2, she indicated another resident is rotransferring Resident in further revealed that Fithe bottom of the geric chair was standing off indicated her immedia #1 to get the resident further stated NA #1 in anyone. NA #2 indicated and the stated NA #1 in anyone. NA #2 indicated in the stated NA #1 in anyone. NA #2 indicated in the stated NA #1 in anyone. NA #2 indicated in the stated NA #1 in anyone. NA #2 indicated in the stated NA #1 in anyone. NA #2 indicated in the stated NA #1 in anyone. NA #2 indicated in the stated NA #1 in anyone. NA #2 indicated in the stated NA #1 in anyone. NA #2 indicated in the stated NA #3 indicated in the stated N	If into the chair with the after the fall. Of am, during an interview, and it revealed he sat a side of the bed and tried to an 9/16/13 between 9 and the sat a second it was	F 32	Fall Prevention Team Interventions we posted at each nurse's station on 9/20/so that nurses would be able to immediately initiate interventions for The DON and Quality Care Coordinat trained the CNAs on 9/18/13 regarding safety awareness of residents at risk of falls and on 9/20/13 regarding using the buddy System' for transfers, turning repositioning. All nursing staff were is serviced on Repositioning; Lifting Machine, Using a Portable; and Safe Lifting and Movement of Residents on 9/23/13, also by the DON and QCC. We Constitutes as Fall was in-serviced on 10/16 and 10/17/13. Beginning on 9/20/13, "Transfer Audit Tool" and "Observation of Care" audit will be completed randomly for 8 week and dittional training will be provided if indicated. These audits will be review by the ED and DNS weekly and findin will be brought to the monthly QA Committee by the DNS or appropriate designee and will be reviewed by the Committee monthly times 3 months followed by quarterly for 3 quarters and then as needed, for compliance with pl	ere 9/20/13 13 falls. or g tee and n- 0/17/13 ts 9/20/13 ks till d ed gs
	Review of a nurse's no 9/18/2013 at 4:55 pm	e day of the fall. ole by Nurse #1 dated		First QA meeting was held 9/20/13. P will be revised as needed with appropr staff re-in-serviced to any changes. Policies, procedures and training will be reviewed as necessary.	iate

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) ĐATE SURVEY COMPLETED	
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		345348	B. WING			10/17/2013	
	PROVIDER OR SUPPLIER RING PINES NURSING &	REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP O 523 COUNTRY CLUB DR FAYETTEVILLE, NC 28301	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	CONSTETION DATE	
	CNA on duly notified "looked swollen." Up leg/ hip appeared edicomparison to right leg/s/sx (sign and symptoupon ROM (range of noted to be lying on the MD answering service or PA on duly may be seek further guidance nurse of oncoming shindings may be convinformation when call A review of the incide Resident #1 dated 9/#1 indicated swelling on 9/17/2013 at 10:30 Incident/Accident Repnot administered. A review of a typed er Nursing dated 9/18/20 "Called to resident's reabnormality. Noted the extremity was shorter and the left lower extra attention to the left up swelling, tightness and appeared less respon the normal behavior pout when touched. High in discomfort. Instruction update MD on the find house X-ray." A review of a nurse's re 9/18/2013 at 12:30 pm	this writer that resident leg on assessment, resident ematous, slightly abducted in eg. Resident displayed no om) of pain or discomfort motion) of left leg. Resident each at time of assessment. It is called so that on call MD is notified of findings and to inclified of findings and to inclified of findings and to inclified of motion passed on to introduce the information of eyed to on call MD or PA of back received." Into Accident Report for 18/2013 completed by Nurse was noted to the left thigh opm. Review of the port indicated first aid was not indicated first aid was not on the indicated open to assess left leg affected left lower than unaffected extremity emity rotated. Nurse called per thigh area. Noted dispersion was not exhibiting ar resident which is yelling or rocked. Resident moaned on was given for nurse to	F	323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CL/A	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345348	B. WING			10/17/2013	
NAME OF PROVIDER OR SUPPLIER					REET ADDRESS, CITY, STATE, ZIP CODE		
WHISPEF	ING PINES NURSING & I	REHAB CENTER			OCOUNTRY CLUB DR YETTEVILLE, NC 28301		
	· · · · · · · · · · · · · · · · · · ·			L FA	PROVIDER'S PLAN OF CORRECTION		NA.
(X4) (D PREFIX TAG	(EACH DEFICIENC	Atement of Deficiencies Y must be preceded by full LSC Identifying Information)	ID PREF TAG		(EACH CORRECTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X6) COMPLETION DATE
F 323	right leg. PA (Physicia 10:16 am. Stat x-ray 10:20 am. X-ray com 10:46 am. PA notified send the resident to t left displaced oblique 12:15 pm. Vital signs 117/60-62-20-97 tem saturation on room at 12:32 pm and left at 7 Review of the hospita 9/18/2013 revealed F with a left proximal fed displacement and left and physical further ranemia, acute on chr bleeding but may posinjury intra compartm need a blood transfus Review of the hospita 10/1/2013 revealed hematocrit level could fracture. She receive packed red blood cell hemoglobin level of 6 evaluated by cardiolo assessment and had which showed normal discharge summary further indicated services.	an Assistant) notified at ordered. X-ray called in at pany entered the facility at lof results. Order given to he hospital for evaluation of fracture. EMS called at prior to leaving p, with 97 % oxygen ir. EMS entered the facility at 12:40 pm." Al History and Physical dated desident #1 was admitted moral fracture with thip swelling. The history evealed a diagnosis of onic, "there is no external esibly be related to left hip ental bleeding. Patlent will	T.	323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER ING PINES NURSING & F	DEUAD AENTED	•	Ī	ADDRESS, CITY, STATE, ZIP CODE NTRY CLUB DR				
WHISTER	INO PINEO NUROINO & I	ACHAD CENTER		FAYETTI	EVILLE, NC 28301				
(X4) IO PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
	admit." A review of the Hospic Treatment revealed reservices on 10/3/2013 A review of the Record expired 10/4/2013 at 3:00 the attending physicia recovered from the higgoal became to keep to She indicated the purpontrol the pain and the Allegation on October Credible Allegation of Resident #1 was noted leg on 09/17/13 (1030) the leg and noted it to slightly abducted in coinvestigation started. Crevealed that the incidence in the incidence of	"Hospice to evaluate and lice Certification and Plan of esident was admitted to 3. If of Death revealed resident 10:05 pm. Opm, during an interview, an stated "She never fully p fracture surgery and the the resident comfortable." pose of the surgery was to he bleeding. The following Credible 17, 2013 at 5:15 pm: Compliance for F323: If to have swelling to her left opm. "The nurse assessed of "appeared edematous, omparison to the right leg". On 09/20/13 investigation dent occurred on 09/16/13. If to a local hospital on eary on 9/19/13 to repair at was re-admitted to sing and Rehabilitation der Hospice care and on 10/4/13. CNA (NA#1) 20/13 for failure to notify the	F:	323	DEFICIENCY				
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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		345348	B. WING_			10/	17/2013	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA	TE, ZIP CODE			
WILLIAM DESIGNATION OF THE PROPERTY OF THE PRO			1	523 COUNTRY CLUB DR				
WHISPERING PINES NURSING & REHAB CENTER			FAYETTEVILLE, NC 2830	01				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE			(X6) COMPLETION DATE	
F 323	Continued From page	e 26	F3	23				
	An incident report was	s completed and an						
		ated by the Director of	İ					
		nediately on 9/18/13 due to						
	this being an injury of							
		ncident was interviewed on				}		
	9/20/13 by the DON,	and QCC and disciplinary	į					
		ue to failure to notify the	Ì					
		This failure of notification						
	resulted in termination	n of employment on 9/20/13.						
	On 9/18/13, nursina n	nanagement reviewed Fall						
		all current residents who						
	had had a fall since 7		Ì					
	admissions since 9/1/	'13 still residing in the						
	facility. Any new fall p	prevention interventions						
	were initiated and car	e planned. New admission						
	residents will continue	e to be evaluated for fall risk						
	upon admission and p	preventive Interventions will		•				
		esidents at risk. Residents						
		e identified at each nurse 's						
		of the Falling Leaf Club		I I				
		licensed nursing staff were						
	in-serviced by the DO							
	Coordinator regarding							
		linical Protocol on 10/3/13						
	which address how to	, , ,						
	• • • • • • • • • • • • • • • • • • • •	residents were reviewed		ļ				
	• •	lates and posted inside the						
		23/13 for CNAs to easily will continue to be assessed		ļ				
		ardex and closet postings	<u> </u>					
:		eded by the IDT Team.	† •					
	Nursing staff including	g CNAs, were in-serviced		1				
		ity Care Coordinator on	į			j		
		following: Reporting Abuse	-					
	to Facility Managemen		Ì					
		rigin); Change in Resident	[Ì		
	Condition or Status; R		ŀ					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				OMB N	O. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			l s	STREET ADDRESS, CITY, STATE, ZIP CODE		,,,,,,,,,
WHISPERING PINES NURSING & REHAB CENTER			5	23 COUNTRY CLUB DR CAYETTEVILLE, NC 28301			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	36	(X5) COMPLETION DATE
F 323	Falling Leaf Club. Stathe INTERACT STOP communication tool of employee Orientation 19/23/13 to include the STOP and WATCH to employees will be trained in the state of the sta	aff were also in-serviced on and WATCH in 9/20/13 by the DON. New Sheet was revised on Falling Leaf Club and of to ensure all new ned. To review all incidents of the stand-up meeting to inventions. Interventions will plan. The Fall IDT began Whys Worksheet on the root cause of the fall in priate interventions. All was in-serviced on 9/20/13 Risk Management policy and Intervention by the Prevention Team sted at each nurse's that nurses would be able to derventions for falls. The ending safety awareness of and on 9/20/13 regarding stem for transfers, turning nursing staff were clioning; Lifting Machine, at Constitutes as Fall; and ment of Residents on ON and QCC.	F	323			
		losets for the specific articular resident, and to					

PRINTED: 11/01/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING C 345348 B. WING 10/17/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **623 COUNTRY CLUB DR** WHISPERING PINES NURSING & REHAB CENTER **FAYETTEVILLE, NC 28301** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) F 323 Continued From page 28 F 323 use the buddy system for transfers. F 463 483,70(f) RESIDENT CALL SYSTEM -F 463 Resident #3 was put on 15 minute safety ROOMS/TOILET/BATH SS=D 10/15/13 checks until her call light was fixed later

This REQUIREMENT is not met as evidenced by:

The nurses' stalion must be equipped to receive

resident calls through a communication system

from resident rooms; and toilet and bathing

Based on observations, interviews and record review the facility failed to maintain working call bell system for 1 (resident #3) of 6 residents reviewed for call bells.

Findings include:

facilities.

Resident #3 was admitted to the facility on 6/15/106 with diagnoses including Osteoarthrosis, gout and contracture of the hands. The annual Minimum Data Set (MDS) dated 8/19/13 revealed the resident was cognitively intact. She required extensive assistance with bed mobility, dressing, tolleting and total dependence with transfers, eating, and bathing.

During an interview on 10/15/13 at 11:53 am the resident stated her call bell was not working. She reported that she had been aware of the malfunctioning call bell for one week. She stated the maintenance worker told her that the electrician had not come to correct the problem. She further stated that she had been calling out verbally to obtain assistance when needed.

,

On 10/15/13 at 1:10 pm the Environmental

Resident #3 was put on 15 minute safety checks until her call light was fixed later that afternoon around 6:45 pm. Call lights for other residents were operating properly at that time.

A back-up plan was written to detail

steps to be taken in the event the call bell system is not functioning. The back-up plan is laminated and posted at each nurse's station for review. School bells are stored in the front medication room to be used in the event the call light system is nonfunctioning for a resident(s). Maintenance will be immediately notified of malfunctioning call lights. Resident(s) affected will be noted on the appropriate 24 hour report.

On 10/17/13, in-servicing began for staff regarding the Back-up Plan if Call Light(s) Are Not Working (10/17/13). An audit of the call light system was conducted daily by the Environmental Director or designee beginning 10/16/13.

These audits will be reviewed by the ED weekly and findings will be brought to the monthly QA Committee by the ED or appropriate designee and will be reviewed by the Committee monthly times 3 months followed by quarterly for 3 quarters and then as needed, for compliance with plan. First QA meeting was held 10/18/13. Plan

10/18/13

10/17/13

10/17/13

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/01/2013 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING_ C 345348 B. WING 10/17/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **623 COUNTRY CLUB DR** WHISPERING PINES NURSING & REHAB CENTER **FAYETTEVILLE, NC 28301** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY will be revised as needed with appropriate F 463 Continued From page 29 staff re-in-serviced to any changes. Services (ES) Manager stated that he discovered Policies, procedures and training will be the call bell malfunction during a routine reviewed as necessary. inspection on 10/7/13. He reported he received an additional notification of the call bell not working on 10/11/13 from another staff member. He stated that the battery that controlled the wireless system for the resident's room and the next room was a specialty battery which was ordered but had not arrived. He stated when the call bell in the room was pressed a light outside the room should have illuminated. He stated the call bell also audibly alarmed at the nursing station. On 10/15/13 at 1:25 pm the DON and the ES Manager altempted to demonstrate the call bell alarm on the computer at the nursing station. The call system computer did not have an audible alert. The only notification of the call bell alert was a red block 1.5 Inches square on the upper right hand side of the computer monitor screen. The DON indicated she had not been aware that Resident #3's call bell malfunctioned for more than a week. The DON stated that moving forward a staff member would maintain visual monitoring of the call bell computer screen to ensure the call bells were responded to even if the lights outside the rooms were not illuminating. She further stated that the staff member would notify the nursing staff of assistance needed through the overhead paging system. She also indicated the staff would monitor the rooms without functioning call bell lights every 15 minutes.

On 10/15/13 at 1:55 pm the Administrator was present at the nursing station with the DON and the ES Manager. The Administrator stated the facility did not have a plan for the malfunctioning

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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	345348 B. WING		10/	/17/2013		
NAME OF PROVIDER OR SUPPLIER WHISPERING PINES NURSING & REHAB CENTER			5	STREET ADDRESS, CITY, STATE, ZIP CODE 23 COUNTRY CLUB DR CAYETTEVILLE, NC 28301		
PREFIX (EACH DEFICIENCY I	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOWN TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)			(X5) COMPLETION DATE
paging system because misplaced. The Admini Manager about the bac Manager stated he told bell did not work. He all not reported it to the nursing an interview on nursing assistant (NA) is respond to a resident's the door was on. She fonly audible alarm was She stated the call bells indicate resident needed outside the resident's destated that after a while desk and if someone we that person would use it system to call the NA to assistance. On 10/15/13 at 2:20 pm look for the light outside indicate the resident needed indicate the resident to the was aware that resident but that it was fixed. She told her it was working. On 10/16/13 at 8:44 am a call bell is not working by the prior shift. She si	ney did not currently have a e the pagers were distrator asked the ES isk up plan to which the ES is resident #3 that her call also indicated that he had ursing staff. 10/15/13 at 2:14 pm #5 stated she knew to room if the light outside further indicated that the the bed or chair alarms. Is did not make a noise to ed assistance. In NA #6 stated she would do assistance if the light foor was on. She also it will alarm at the front as at the front desk then the overhead paging the room in need of in NA #7 stated she would be the door to be on to eded assistance. She as not working she would sell her. She stated she the #3's call bell did not work he stated the ES Manager. Nurse #2 reported that if	F	463			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED	
		345348	B. WING			l	C /17/2013	
	PROVIDER OR SUPPLIER RING PINES NURSING & I	REHAB CENTER		523	EET ADDRESS, CITY, STATE, ZIP CODE COUNTRY CLUB DR 'ETTEVILLE, NC 28301		71112010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X6) COMPLETION DATE	
F 463	checks. She stated it malfunctioning she we more frequently but w of the checks. She re residents every two he are working. On 10/16/13 at 9:15 a resident #3. NA #8 re call bell had not worke (10/10/13) and that sh Manager. She stated not working because a stated if the call light of 20 minute checks. During and interview with 10/16/13 at 11:25 am needed to be an alterrate malfunctioning call Manager could purchaneeded to make the call she stated there is a troom because of her reshe also stated that rebe fed so the staff was to complete this task the Administrator reported was being monitored cresident advisory communication.	that if the call light is could check on the resident rould not do a written report prorted they round on ours routinely when call bell arm NA #8 was feeding apported that this resident's ed since last Thursday he had reported it to the ES she was aware of the light resident #3 told her. She does not work they use 15 - with the Administrator on she reported that there hative system in place for I bells. She stated the ES are anything that was all system work properly, of of activity in resident #3's room mate's family visits, esident #3 was required to a in there for about one hour three times per day. The I the call bell response time due to information from the mittee. She stated call bell dy being monitored through	F	463				