

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

PRINTED: 04/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345505	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2014
NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF CUMBERLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306		
(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 309 SS=G	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record reviews and staff interviews, the facility failed to acknowledge and intervene appropriately for a resident's verbal complaint of pain during a pressure ulcer dressing change for 1 of 3 residents reviewed for pressure ulcers (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 2/27/14 with medical diagnoses which included osteomyelitis of the right ankle and deep tissue injury of the left and right heel. The admission Minimum Data Set (MDS) indicated the resident was severely cognitively impaired. The assessment further indicated Resident #1 was able to understand others and express his needs and wants both verbally and non-verbally. The care plan for Resident #1 dated 2/28/14 revealed the area of pain with interventions which included premedicate in anticipation of potential painful procedure/activity. The care plan also indicated to notify the physician if pain level not reduced to the patient's comfort level.</p> <p>During a dressing change on 3/12/14 at 11:40</p>	F 309	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>How corrective action will be accomplished for each resident found to have been affected by the deficient practice <input type="checkbox"/></p> <p>An order was obtained to administer analgesics to resident #1. The analgesic was administered to resident #1 and the treatment was completed as ordered. Completion date: 3/13/14</p> <p>How corrective action will be</p>	4/7/14	

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

TITLE

(X6) DATE

Electronically Signed

04/07/2014

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 309	<p>Continued From page 1</p> <p>am, Nurse #1 asked Resident #1 if his foot was hurting and the resident stated loudly "yes." The nurse proceeded with cleaning the area of the left heel and stated "I will be done in a little bit." While applying the betadine to the left heel, the resident yelled out "Oh, oh," with facial grimacing, flushness and arms extended on both sides. The nurse stated "I am almost done." When directed to stop the dressing change for pain management, Nurse #1 stated "It's not going to make a difference. I still have to get this dressing on." Nurse #1 reported to Unit Manager #1 that the resident was exhibiting facial grimacing and complained of pain while he was doing the dressing change. The unit manager directed the nurse to stop until the resident could be medicated for pain. The resident was medicated with Tylenol 650 mg by mouth at 11:53 am.</p> <p>Review of the medical record current physician orders did not reveal an order for pain medication. The medical record did not reveal documentation of assessment for pain prior to the dressing change.</p> <p>During an interview on 3/12/14 at 12:02 pm, Nurse #1 stated "Of course I was going to address the pain but my focus was to complete the dressing." The nurse further stated "The textbook would tell you to stop the dressing change and medicate the resident but again my focus was getting the dressing change done for infection control purposes."</p> <p>On 3/13/14 at 11:33 in an interview, Nurse #2 stated the resident complained of pain during the dressing changes on her shift of 3-11. The nurse stated she would normally just try to talk the</p>	F 309	<p>accomplished for those residents having the potential to be affected by the same deficient practice <input type="checkbox"/></p> <p>Nurse #1 received disciplinary action and was terminated. Completion date: 3/13/14</p> <p>Nurse #2 received disciplinary action and was terminated. Completion date: 3/13/14</p> <p>Current residents with stage 2 or greater pressure ulcers were evaluated to determine need for pain management interventions prior to treatments. Completion date: 3/13/14</p> <p>Current residents with stage 2 or greater pressure ulcers will be assessed & medicated if needed 30 minutes prior to treatments as needed and if pain is identified during a treatment, the treatment will be stopped immediately and pain medication will be given. Completion date: 4/7/14.</p> <p>Measures to be put in place or systemic changes made to ensure practice will not re-occur Nurses will be in-serviced on pain management, including identifying signs/symptoms of pain during treatments and all new hires will be trained during orientation. Completion date: 4/7/14</p> <p>UM/ DON will conduct review of pain management assessments & interventions weekly for current residents with stage 2 or greater weekly X4. Completion 4/7/14</p>		

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F 309	Continued From page 2 resident through the dressing change. She then stated the resident would "wince" when she removed the dressing. The nurse described wince as "jerk back and exhibit facial grimacing." After reviewing the medical record, Nurse #2 stated she did not document on assessment or monitoring of pain for Resident #1. In an interview on 3/13/14, the Director of Nursing (DON) stated she expected the nurses to stop the dressing change and address the resident's pain. The DON further stated she expected the nurse to notify the physician if the resident did not have medication ordered for pain or if the medication was not effective in relieving the resident's pain.	F 309	How facility will monitor corrective action(s) to ensure deficient practice will not re-occur- UM/ DON will conduct review of pain management assessments & interventions weekly for current residents with stage 2 or greater weekly X4. Results will be reviewed in weekly risk management meeting X4 and during quarterly QA meeting X1 for further analysis. Completion date: 4/7/14		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must	F 441		4/7/14	

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F 441	<p>Continued From page 3</p> <p>isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and medical record review, the facility failed to change gloves between dirty and clean tasks of resident care and failed to perform hand hygiene after removing dirty gloves for 1 of 2 residents (Resident #1) observed for pressure ulcers.</p> <p>The findings included:</p> <p>Review of the facility policy "Infection Control Policies and Procedures" dated 06/01/13 revealed in part "Gloves are worn to reduce the likelihood that hands of staff contaminated with microorganisms from a patient or fomites (objects such as clothing, towels, or utensils that could harbor a disease agent) could transmit microorganisms to another patient. In this situation, gloves must be changed between patient contacts and hands washed after gloves are removed."</p>	F 441	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>How corrective action will be accomplished for each resident found to have been affected by the deficient practice <input type="checkbox"/> Nurse #1 received disciplinary action with</p>		

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F 441	Continued From page 4 Resident #1 was admitted to the facility on 2/27/14 with medical diagnoses which included osteomyelitis of the right ankle and deep tissue injury of the left and right heel. The resident was on contact precautions for Vancomycin Resistant Enterococci (VRE) in the urine. During a dressing change on 3/12/14 at 11:40 am, Nurse #1 put on Personal Protective Equipment (PPE) to include an isolation gown and a pair of gloves prior to entering the room. Nurse #1 removed the dressing from the resident's left foot and right foot. Nurse #1 saturated a 4 X 4 gauze dressing with saline and cleansed the area of the left heel. The nurse did not change his gloves. The nurse then saturated (2) 4 X 4 gauze pads with betadine solution layered with dry gauze pads and applied to the left heel. The nurse then secured the dressing with a roll of gauze dressing and tape. While waiting for the unit manager to return with pain medication for the resident, a continuous observation revealed the nurse walked out into the hallway with the same gloves and isolation gown in place and talked to a visitor in the facility. The Unit Manager returned to the resident's room door with the pain medication. With the same isolation gown and gloves on, Nurse #1 accepted the paper cup with the pain medication and the cup of water for the resident and medicated the resident. Nurse #1 was observed supporting the straw in the cup of water with his right gloved hand. Nurse #1 removed the PPE and exited the room. The nurse did not perform hand hygiene. On 3/12/14 at 12:02 pm during an interview, Nurse #1 stated he should not have handled the resident's medication with the dirty gloves on. He	F 441	suspension and termination. Completion date: 3/13/14 How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice <input type="checkbox"/> Current licensed nursing staff will be educated on proper infection control procedures including hand hygiene and isolation precautions during wound treatments. Each nurse will have a treatment observation completed by SDC nurse. Completion date: 4/7/14 Measures to be put in place or systemic changes made to ensure practice will not re-occur Current licensed nursing staff will be educated on proper infection control procedures including hand hygiene and isolation precautions during wound treatments. Each nurse will have a treatment observation completed by SDC nurse. Completion date: 4/7/14 SDC will complete a monthly treatment observation of at least one nurse on each unit monthly X3. Completion date: 4/7/14 All new hire licensed nurses will have a treatment observation completed during orientation and staff nurses annually to validate wound treatment skills. Completion date: 4/7/14 How facility will monitor corrective action(s) to ensure deficient practice will not re-occur-		

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F 441	Continued From page 5 further indicated he should have washed his hands after removing the dirty gloves. During an interview on 3/12/14 at 4:14 pm, the Director of Nursing stated she expected the nurse to remove the pair of dirty gloves and do hand hygiene before touching the products and providing any care to the resident.	F 441	Results of treatment observations will be reviewed in monthly QA and quarterly QA meeting X1 quarter for further analysis. Completion date: 4/7/14		