

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2014
NAME OF PROVIDER OR SUPPLIER CUMBERLAND NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION 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 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interviews, the facility failed to provide a hazard free environment as evidence by an observed functioning portable electrical space heater located in close proximity to material items in 1 of 26 sampled resident rooms (Resident #60). Findings included:</p> <p>A review of the portal electrical space heater manufactures instructions for use titled "Warning - to reduce the risk of fire" in part read "1) do not place any objects such as furniture, papers, clothes closer than 3 feet to the front of the heater and keep them away from the sides and rear when the heater is plugged in; 2) do not place the heater near bed because objects such as pillows or blankets can fall off the bed and be ignited by the heater."</p> <p>Resident #60 was admitted into the facility on 11/13/08. The quarterly minimum data set completed on 2/25/14 indicated Resident #60's cognitive pattern was moderately impaired. Extensive assistance of two persons was required with bed mobility and transfers.</p>	F 323	<p>Cumberland Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Cumberland Nursing and Rehabilitation's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Cumberland Nursing and Rehabilitation reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p>	3/14/14	

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

TITLE

(X6) DATE

Electronically Signed

03/28/2014

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 323	<p>Continued From page 1</p> <p>During an observation on 3/13/14 at 2:50 pm accompanied by the maintenance director a portable electrical space heater was observed in Resident #60's room. The space heater was positioned directly in front of the facility heating unit facing towards the door. Located directly behind the space heater less than one foot was a wheelchair. Less than one foot to the right of the space heater was a chair with three pillows and a towel. Two of the pillows were positioned at the edge of the chair. Less than one foot to the left of the space heater was a table with newspapers hanging off the stand less than one foot of the space heater. Less than two foot of the space heater was a cotton/cloth recliner chair. The space heater was activated on the lowest heat level with heat physically felt coming from the heater, confirmed by the maintenance director. The resident was asleep in bed - four feet away from the space heater.</p> <p>In an interview on 3/13/14 at 2:55 pm, the maintenance director indicated that the material items (wheelchair, pillows, cloth towel, table, newspapers, recliner chair) observed should not have been that close to the portable space heater due to the risk of combustion (fire) as evidence of electrical heat coming from the space heater.</p> <p>In an interview on 3/13/14 at 4:40 pm NA #1 who worked 7 am - 3 pm indicated that Resident #60 was totally dependent on care from the staff. She added in the event of a fire the resident was not capable of getting herself out of the bed or out of the room independently. When questioned regarding the space heater NA #1 stated that she checked on the resident at 9:00 am, 11:00 am, and 2:00 pm, and that she observed the heater tuned off. She added that the heater is usually</p>	F 323	<p>Resident #60 space heater was removed on 3/14/14 by Maintenance Director/Assistant.</p> <p>All rooms in facility were inspected to ensure no space heater were in rooms. This was audited and completed on 3/14/14 by Maintenance Director/ Assistant.</p> <p>Resident #60 heater unit was repaired on 3/14/14 by the maintenance assistant.</p> <p>All resident room heater units were inspected on 3/14/14 by the maintenance assistant to ensure proper operation. Any discrepancies were corrected at that time.</p> <p>The Maintenance Director and Maintenance Assistant were in serviced on 3/14/14 about not having space heaters in the facility at any time and to inspect the heating units in the rooms for proper operation. During weekly Maintenance rounds, 24 resident rooms will be inspected to make sure no space heaters are in the resident rooms and that each heating unit is operating correctly for a total of 8 weeks. This 100% audit will be completed twice and finished in 8 weeks. This will be completed by the Maintenance director/Assistant. A monitoring tool will be put in place to document the inspections. Any discrepancies will be reported to the Administrator and corrected at that time by the Maintenance Director/Assistant. The Maintenance Director will use the</p>		

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F 323	<p>Continued From page 2</p> <p>positioned by the recliner chair, by the table stand with newspapers usually on top of the stand. She concluded that she did not recall any items being near the heater throughout the day.</p> <p>In a follow up interview on 3/13/14 at 4:46 pm, the maintenance director revealed the portable electrical space heater had been in use for six months in Resident #60's room, placed there by him. He added that he had conducted no staff in-services regarding safe usage, had no logs where he monitored the space heater for safety compliance from placement in the resident room six months ago to present; nor had he consulted with life safety regarding the usage of a space heater in resident rooms. The maintenance director concluded that the facility heating unit in Resident #60's room needed to be repaired and had not been functional for six months, as to why the space heater was being used.</p> <p>In an interview on 3/13/14 at 4:55 pm, the administrator indicated that there was no facility policy related to portable electrical space heaters.</p> <p>In an interview on 3/13/14 at 5:15 pm Nurse #1 who worked 7 am - 3 pm acknowledged that she observed the space heater "on" in Resident #60's room throughout the day, however, she did not observe any items in close proximity to the heater. She stated the resident was not capable of getting herself out of the bed or room.</p> <p>In an interview on 3/13/14 at 5:30 pm, the administrator acknowledged that he was aware that six months ago a portable space heater was placed in Resident 60's room due to the heater unit in the room needed to be repaired. He indicated that he expected the staff to follow the</p>	F 323	<p>facility monitoring tool and integrate it into the facility QI program.</p> <p>The results of the Audits will be forwarded to the Executive QI Committee by the QI nurse monthly for review for follow up action. As deemed appropriate, evaluation of the effectiveness of the Plan, and to determine the frequency of and/or need for continued monitoring.</p>		

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

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F 323	Continued From page 3 manufactures instruction for use of the space heater. He added that he expected the staff not to put items directly in front of or around the heater, in which the items blocked the electrical heat from blowing out; or items blocked in a way, that prevented the heat from circulating throughout the room.	F 323			