

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

MAY 23 2014

PRINTED: 05/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345414	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/08/2014
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NAME OF PROVIDER OR SUPPLIER  HAYMOUNT REHABILITATION & NURSING CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2346 BARRINGTON CIRCLE FAYETTEVILLE, NC 28303
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff and physician interviews, the facility failed to clarify with the physician instructions for a urine culture to be obtained, which resulted in the urine culture not being obtained for 1 of 3 residents' labs reviewed (Resident #1). Findings included:</p> <p>Resident #1 was admitted into the facility on 7/5/06. Diagnoses included urinary incontinence. The quarterly minimum data set completed on 2/17/14 indicated Resident #1's cognitive pattern was severely impaired. Urinary continence was listed as "frequently incontinent."</p> <p>A review of the physician telephone order dated "3/6/14 at 7:00 am" revealed an ordered urinalysis by the physician due to "discharge."</p> <p>A review of the urinalysis lab report that was reported to the facility on 3/8/14 at "5:40" revealed Resident #1 urinalysis resulted with a cloudy appearance (reference range - clear), white blood cells greater than 30 (reference range 0-5) and bacteria few (reference range - none seen/few). The physician signed on the lab result "check culture." Further review of the medical record did not reflect the urine culture was obtained.</p> <p>A review of the nurses' notes for March 8, 2014 - April 9, 2014 did not reflect any reference related</p>	F 281	<p>Haymount Rehabilitation and Nursing Center acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents. The plan of correction is submitted as allegation of compliance.</p> <p>The below response to the Statement of Deficiency and the plan of correction does not denote agreement with the citation by Haymount Rehabilitation and Nursing Center. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings.</p> <p>F281 Resident #1 was discharged to the hospital.</p> <p>An audit of all other residents' medical record was conducted by the DNS, Administrator, &amp; Unit Coordinators to ensure all labs were obtained timely and MD follow-up was complete.</p>	4/12/14  5/22 & 5/23/14
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Cheryl A. Heddie* TITLE: *Executive Director* (X6) DATE: *5/23/14*

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 281	Continued From page 1 to the results of a urine culture, as requested by the physician to be checked on 3/8/14.  In an interview on 5/8/14 at 5:27 pm, the director of nursing (DON) stated that no urine culture was obtained due to Resident #1 was asymptomatic. She added that the request by the physician was questionable; however, the medical record did not reflect the physician had been contacted for clarification. The DON concluded that she expected the physician to have been contacted, so the request for the urine culture could have been clarified or obtained.  In an interview on 5/8/14 at 6:35 pm, the physician stated that he expected the urine culture to have been obtained as requested. He added that he also expected the facility to have contacted him regarding clarification if one was not clear regarding his written instructions. The physician concluded that he requested the urine culture based on the urinalysis results of 3/8/14, which revealed bacteria. He concluded that the urine culture would be more definitive for diagnostic purposes.	F 281	<b>F281 (cont)</b> The MD was contacted by the DNS/RN Supervisor for follow-up of the residents identified during the audit whose orders needed further review by the MD.  All licensed nurses were in-serviced by the DNS and RN Supervisor on the process of carrying out lab orders when orders are received by the MD, nurses will place all UA C&S orders on the MAR.  The DNS will ensure nurses not in-serviced by 5/23/14 will not be scheduled until in-service is conducted and all new hires will be oriented about process upon facility orientation .  Telephone orders will be reviewed daily by the Unit Coordinators and RN supervisor to ensure lab orders are carried out as ordered.  Random audits will be conducted by the DNS & Unit Coordinators weekly x4 and findings will be documented on the Lab Follow-Up Audit Form.  The Lab Follow Up Audit form will be reviewed weekly x4 by the Administrator monitor trends and compliance  All issues of noncompliance will be addressed by the DNS/Designee with individuals as warranted.  Compliance will be documented and monitored by the QA committee monthly and changes for performance will be made as recommended by the QA Committee	5/23/14  5/9/14-5/23/14  5/23/14  5/23/14  5/23/14  5/23/14 & on-going  5/23/14  5/23/14	