PRINTED: 08/27/2014 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345353	B. WING _		07/	/31/2014
	PROVIDER OR SUPPLIER	TATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 000	Nursing Home Lice Section conducted on 07/21/14 to 07/2 back to the facility of gather additional indecision that the facility of care at the immediate extended survey was through 07/31/14 at held with the facility jeopardy began on 7/31/14.	alth Service Regulation, nsure and Certification a recertification health survey 4/14. The survey team went on 07/29/14 to 7/31/14 to formation that led to the cility had substandard quality diate jeopardy level. A partial as conducted on 7/29/14 and an exit conference was on 07/31/14. The immediate 4/4/14 and was removed on a samended on 08/18/14.	F 00	00		
F 157 SS=K	allegation for F279 statement was revis Resident #81. 483.10(b)(11) NOTI (INJURY/DECLINE A facility must immedonsult with the resident involving the resident involving the injury and has the printervention; a significant in the considerioration in heast at us in either life to clinical complication significantly (i.e., a existing form of treat consequences, or to treatment); or a decident was revisited.		F 15	TITLE		(X6) DATE

Electronically Signed 08/22/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

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 157	§483.12(a). The facility must all and, if known, the or interested family change in room or specified in §483. resident rights und regulations as spethis section. The facility must rethe address and plegal representative. This REQUIREME by: Based on record resident had sever severe pain during wound care for 1 or (Resident #20). The administrator is geopardy on 7/30/1 jeopardy was removed.	so promptly notify the resident resident's legal representative member when there is a roommate assignment as 15(e)(2); or a change in er Federal or State law or cified in paragraph (b)(1) of ecord and periodically update mone number of the resident's er or interested family member. NT is not met as evidenced eview, staff, family, physician and physician interviews, the ify the physician when the er pain and continued to have turning, repositioning and for 1 resident with a hip fracture me immediate jeopardy began are resident (Resident #20) with a last readmitted to the facility. It was notified of the immediate wed on 7/31/14 at 5:00 pm	F 157	F000 Disclaimer Highland House Rehabilitation & Healthcare submits this Plan of Corre (PoC) in accordance with specific regulatory requirements. It shall not be construed as an admission of any alledeficiency cited. The Provider submits PoC with the intention that it be inadmissible by any third party in any or criminal action against the Provider	e eged s this civil r or	
	acceptable Credibl The facility will rem scope and severity potential for more Immediate Jeopard	ovided and implemented an e Allegation of Compliance. It is not of compliance at a soft of no actual harm with the chan minimal harm that is not dy (D). The facility was in the ementation and monitoring ion.		any employee, agent, officer, director, shareholder of the Provider. The Prov hereby reserves the right to challenge findings of this survey if at any time th Provider determines that the disputed findings: (1) are relied upon to advers influence or serve as a basis, in any w for the selection and/or imposition of	vider e the ee ely	

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F 157	4/4/14 with medical displaced femoral r fracture). The signification in Set (MDS) assessing Resident #20's merimpaired. "Other frozare was indicated, indicated the reside medication regimer during the review p 4/17/14 documented pain. The goal state resident pain will be intervention through the problem in part ordered, check pospain, notify MD (memedication ineffect to potentially pain-in physical therapy, whospice plan of carnip fracture or pain. A review of the July revealed the following Oxycontin 10 millig day dated 6/16/14 at tablet by mouth twick dated 4/9/14. Review Administration Recrevealed the last documents.	readmitted to the facility on a diagnoses including neck fracture (right hip ficant change Minimum Datament dated 4/7/14 indicated ntal status was severely acture" and received hospice. The MDS assessment ent received a scheduled pain in with no complaints of pain eriod. The care plan updated at the resident problem was ad for the problem was the erelieved within one hour of an next review. Interventions for were pain medication as itioning when complaining of edical doctor) if pain inve, offer pain medication prior inducing procedures such as ound care. Review of the edid not reveal a plan for a care and Percocet 5/325mg one can dead and parcocet 5/325mg one of the Medication ord (MAR) for July 2014 ose of Percocet 5/325 mg was	F	157	future remedies, or for any increase future remedies, whether such reme are imposed by the Centers for Med and Medicaid Services (CMS), the Sof North Carolina or any other entity serve, in any way, to facilitate or pro action by any third party against the Provider. Any changes to Provider por procedures should be considered subsequent remedial measures as to concept is employed in Rule 407 of Federal Rules of Evidence and should inadmissible in any proceeding on the basis. the HCFA-2567. The Provide exercise its limited rights to challeng deficiency under the North Carolina Informal Dispute Resolution (IDR) process. F157 It is the policy and normal practice of facility to consult with the resident physician when there is a change in resident sphysicial status. Affected Residents: * Resident #20 \("'s attending physician hospice physician were both notified the pain status of this resident. The hospice physician was notified of the status on 07/23/14 and the attending physician was notified of the pain status of 07/24/14.	edies dicare State State To or (2) mote coolicy to be that the uld be nat r may ge the of this s the an and d of e e pain g atus	
	On 7/23/14 at 10:34	23/2014 at 8:45 am. 4 am prior to beginning wound are Nurse stated the resident			 * The attending physician also made visit to the facility to assess the residue on 07/25/14. * Additional pain medication orders 	dent	

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F 157	and stated the residence observation of wou out in pain multiple Nurse attempted all side with the use of change. Finally, the and returned with Numembers were turn continued to yell out both hands on the Care Nurse turned with the use of the grabbed her right uright there." The would care the wound care at Nurse was interview.	age 3 ed of pain when being turned dent may yell out. During the nd care, Resident #20 yelled times when the Wound Care lone to turn her onto her left a cloth pad for the dressing wound Care Nurse stopped NA # 3. While the two staff ning Resident #20, the resident it in pain. With the NA holding resident's back, the Wound the resident to the left side cloth pad and Resident #20 pper thigh and yelled "It hurt ound care nurse continued eatment. Immediately following 10:43 am, the Wound Care wed. She stated Resident #20 of severe joint pain.	F	157	received on 07/23/14 for resident # The pain medication was increase Oxycodone 10mg four times a day order was for two times per day); (Percocet 5/325mg daily 30 minutes to wound treatment; and (3) Perco every four hours as needed for pai * Nursing staff is assessing pain even shift on this resident to ensure pair medication is effective and the res not demonstrating any signs/symp pain. Beginning 07/23/14, all nursing (licensed & unlicensed) was instructed the SDC, DoN, Administrator and the SDC, DoN, Administrator and the SDC, DoN, and the SDC,	d to: (1) (prior 2) s prior cet n. very dent is toms of ng staff cted by Jnit	
	Nurse # 2 stated it to cry out in pain when repositioned. In an interview on 7 Hospice Case Man that the resident was repositioning. In an interview on 7 (has worked with R through Friday sind stated it was normal of pain when she was repositioned. She show that the resident was repositioned. She show the repositioned of pain when she was rep	o am during an interview, was normal for Resident #20 hen she was turned and 7/23/14 at 11:35 am, the ager stated she was not aware as having pain with turning and 8/23/14 at 2:25 pm, NA # 3 desident #20 7-3 Monday he her readmission on 4/4/14) al for Resident #20 to complain was being turned and stated the resident always on the right hip right where a fracture before. She stated			* All other residents in the facility were assessed on 07/30/14 by the QA and DoN and will continue to be as for increased signs/symptoms of princreased pain is identified and the current pain medication order is not effective, the physician will be notified unit nurse either by phone, fax person to obtain any further orders residents were found with untreated systemic Changes: * The SDC, DoN, Administrator and Director beginning on 07/30/14 insall nursing staff (RNs, LPNs, CNAs the importance of reporting any incompany signs/symptoms of pain to the Character and Director beginning on the Character and Signs/symptoms of pain to the Character and Director beginning on the Character and Director beginning on 07/30/14 insall nursing staff (RNs, LPNs, CNAs the importance of reporting any incompany to the Character and Director beginning on the Character and Director beginning	d Unit serviced s) on creased	

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F 157	she had worked wanother hall before and was aware she thought the fracture the resident was oup out of bed. She Resident #20 has hall she do not get bad for you to move During a phone into the Hospice Case aware that Reside after reviewing the paperwork for Hospaperwork include fracture. On 7/23/14 at 4:35 Wound Care Nurs Resident #20 still is she thought the frastated she was no recommendations instructions for two mobility at all time. On 7/24/14 at 10:3 #3 stated she was precautions she she complaining of paid and repositioned to the compl	ith the resident before on a she went out to the hospital e had a fracture but she was healed. She stated when on the other hall she would get a further stated since the been admitted to the current to out of bed because it hurts too we her. Iterview on 7/23/14 at 4:15 pm, Manager stated she was not not #20 had a hip fracture. Later, a resident's admission spice services, she stated the ed a diagnosis of femoral neck of pm during an interview, the e stated she was not aware thad a hip fracture. She stated acture was healed. She further	F 1	Nurse so that pain interventic initiated and the physician cain a timely manner, if necess * The Physician Notification per changes are now included in Orientation Process for all net nursing staff. * Hospice staff (licensed & unwas in-serviced on 07/31/14 and communication policy are procedures. * All facility staff (licensed & unwas in-serviced beginning 07 hospice changes and hospic communication policy and procedures implemented on 07 additional communication to communication regarding chastatus information to the facility hospice staff. * Hospice will utilize their contool prior to leaving the facility that the Charge nurse has a reference to any hospice commaintain continuity of care. QA Monitoring: * The DoN and/or designee with the 24-hour Report Sheets a Hospice Communication Repensure that any reports of incompany that any resident have been resimmediately to the attending and, in the case of hospice responses by the attending pand/or hospice have been imaddress reports of ongoing/ir address reports of ongoing/ir	n be notified ary. Procedure the ew licensed nlicensed nlicensed nlicensed) of changes and cunlicensed) (731/14 of e ocedures. 7/31/14 and of to enhance ange in ity and nunication by to ensure report in accerns to expense of the profession of the ported physician esidents, to iate shysician uplemented to	

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F 157	on readmission to further stated she or precautions related resident. Nurse #2 doctor in reference the hip fracture beresident had a hip hospital discharge #2 stated she must diagnosis. On 7/24/14 at 1:45 Hospice NA #1 (whis since she was admit 4/7/14) stated Reship pain when she She further stated Wound Care Nurse bad when you repostarted working with She stated she did because she was to complained of joint stated the resident foot was touched. Took care of the resident she stated the resident she stated the resident she started working at She stated the resident she started working stated she was not fracture. She further any safety precauti working with Resident she was not fracture. She further any safety precauti working with Resident she was not fracture. She further any safety precauti working with Resident she was not fracture. She further any safety precauti working with Resident she was not fracture. She further any safety precauti working with Resident she was not fracture. She further any safety precauti working with Resident she was not fracture.	dent's admission assessment the facility on 4/4/14. She did not implement any safety of to a hip fracture for the stated she did not contact the stated she did not know the fracture. After reviewing the summary dated 4/4/14, Nurse of have overlooked the services on ident #20 complained of right turned and repositioned her. she asked Nurse #2 and the end of have when she first the have resident in April 2014. The hospice Nurse of the further stated she always of pain. The Hospice Na have of have somplained of pain since of the summary of have of ha	F 1	pain. If any pertinent issues a (i.e. increased pain, change in etc.) the charts will be reviewed the physician has been notifical appropriately. This will be done four times per week for four weekly for four weeks; month months and then random audithereafter. * Results of the audit will be rethe monthly Quality Assurance meeting by the DoN or design instances of noncompliance wassessment and reporting probe analyzed to determine who occurred; how they occurred occurred and responsive active taken immediately, up to and employee discipline; additional needed and further review of assessment and reporting procommunication tools.	n condition, ed to ensure ed to ensure ed to ensure ed to ensure ed to eat least veeks; ly for three lits, eported at e Committee nee. Any with pain otocols will en they and why they on will be including al training if existing pain	

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F 157	of the Rehab Direct was unable to prove of training to the strecommendations form dated 4/7/14. Therapist that commo longer employe stated the staff short Resident #20 with pain and discomform and discomform dated 4/4/14) with pain and discomform discomform discomform and discomform discomform and discomform discomform and discomform disco	(COTA) (who spoke on behalf stor's absence) stated she vide any written documentation aff related to the documented on the screening She further stated the Physical pleted the PT screening was d at the facility. The COTA build do log rolling when turning a right fracture to minimize the	F 157				

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F 157	notify the physician stated she expected procedure if a residuntil the pain was used it was her expectation resident made it to She stated she was in this case that resident made it to She stated she was in this case that resident scale that resident and the resident for 15, 2014. On 7/29/14 at 4:07 Physician Assistant local orthopaedic of expectation for the resident to attend the appointment on 4/1 plan for the follow uscheduled for April X-rays to see if their PA-C stated if the reat the earlier appoin noted, treatment cosoner. He stated if measures or protect with a hip fracture of to the resident or diffurther explained satisfactory and the most supporting the affect on 7/30/14 at 9:45 orthopaedic PA-C patient and the most revealed Resident recording pain. Fignificant decline its right hip. The PA-	nurse to get on the phone and immediately. She further of the staff to stop the ent was complaining of pain inder control. The DON stated on for the staff to ensure the her scheduled appointment. It is not aware of what happened sulted in the resident not going allow up appointment on April in pm in an interview, the Certified #1(PA-C) for the appointment on April in pm in an interview, the Certified #1(PA-C) for the appointment on April in pm in an interview, the certified #1(PA-C) for the appointment that was 15, 2014 was to repeat the pappointment that was 15, 2014 was to repeat the period and the pappointment date and changes were not the state and changes were suited have been initiated and the pappointment of the fracture. He after the pappointment of the fracture. He after the pappointment of the fracture in the pappointment of the fracture in the stated his evaluation of the stated his evaluation of the stated there has been and the condition of the resident of the pain even	F 1	57			

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F 157	candidate. During a family interest the Power of Attorn the resident had mis appointment. He st doctor to keep a checause she was he stated he has been seen how much pa when she was bein. In a phone interview attending physician for the facility to ha further stated it was to notify him if the rexperiencing pain were gimen. The attent have ordered pain turning and reposition indicated at the time comfortable. The arwas not aware of the orthopaedic offiction 15, 2014. He stated facility to honor the Power of Attorney (In an interview on 7 Hospice Case Man expectation for the nurse first if a resid She further stated sthe case manager in the state of the case manager in the power of Attorney (In an interview on 7 Hospice Case Man expectation for the nurse first if a resid She further stated sthe case manager in the power of Attorney (In an interview on 7 Hospice Case Man expectation for the nurse first if a resid She further stated sthe case manager in the power of Attorney (In an interview on 7 Hospice Case Man expectation for the nurse first if a resid She further stated sthe case manager in the power of Attorney (In an interview on 7 Hospice Case Man expectation for the nurse first if a resid She further stated sthe case manager in the power of Attorney (In an interview on 7 Hospice Case Man expectation for the nurse first if a resid She further stated stated in the power of Attorney (In an interview on 7 Hospice Case Man expectation for the nurse first if a resid She further stated stated in the power of Attorney (In an interview on 7 Hospice Case Man expectation for the nurse first if a resid She further stated stated in the power of Attorney (In an interview on 7 Hospice Case Man expectation for the nurse first if a resid She further stated stated in the power of Attorney (In an interview on 7 Hospice Case Man expectation for the nurse first if a resid She further stated stated in the power of Attorney (In an interview on 7 Hospice Case Man expectation for the nurse first if a resid She further stated in	rview on 7/30/14 at 2:25 pm, ey stated he was not aware ssed her follow up ated he wanted the bone eck on the resident 's hip aving so much pain with it. He in to visit the resident and has in she was having especially g moved by the staff. If you on 7/31/14 at 10:30 am, the stated it was his expectation andle the resident with care. He is expectation for the facility esident was experiencing still with the current medication ding physician stated he would medication to be given before oning or whatever was to make the resident tending physician stated he follow up appointment with the ce that was scheduled for April it was his expectation for the wishes of the resident or POA) at all times. If 31/14 at 11:35 am, the ager stated it was her hospice NA to notify the facility ent was experiencing pain. She expected the NA to notify for hospice also if a resident during the time care was	F 15	7		

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F 157	F157 It is the policy of thi resident 's physicia the resident 's physicia the resident 's physician was notified on 7/2 physician also mad assess the residen Additional pain received on 7/23/14 medication was inc 10mg four times a times per day); 2. Finite prior to wo Percocet every fou Nursing staff is this resident to enseffective and the reany signs/symptomall nursing staff (lice	d the following Credible 11, 2014 at 5:00 pm. Is facility to consult with the an when there is a change in sical status. In Identified Residentattending physician and were both notified of the pain lent. The hospice physician 3/14 and the attending ied on 7/24/14. The attending e a visit to the facility to	F 1				
	and Unit Director to signs/symptoms of that further interver appropriate. Anyon be in-serviced prior scheduled shift.	o report any increased pain to the Charge Nurse so ntions can be initiated if e still needing in-servicing will to working their next on of other residents having					

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F 157	assessed on 07/30 will continue to be signs/symptoms or identified and the continue to be signs/symptoms or identified and the continue to effective, the punit nurse either by obtain any further of found with untreated. The SDC, Don Director beginning nursing staff (RNs importance of reposigns/symptoms or that pain interventing physician can be not necessary. All but Anyone still needing in-serviced prior to shift. Hospice imples additional communication reginformation to the will be provided by Hospice staff (in-serviced on 07/30 communication por Facility staff (lin-serviced on 07/30 hospice communication por still needing in-serviced prior to shift. Completion Date: On 7/31/2014 at 5.	ents in the facility were 0/14 by QA, MDS and DoN and assessed for increased fipain. If increased pain is current pain medication order is hysician will be notified by the y phone, fax or in person to orders. No other residents were ed pain. N, Administrator and Unit on 07/30/14 in-servicing all LPNs, CNAs) on the orting any increased fipain to the Charge Nurse so ons can be initiated and the otified in a timely manner, if 4 have been in-serviced. In the continuation of the contin	F 1	57			

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		345353	B. WING _		07/	31/2014
	PROVIDER OR SUPPLIER	TATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	-	-
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F 272 SS=D	the physician for rewithout relief. Verificallegation continued nursing staff related licensed nurse. The verified the need to complaint of pain by can be checked by pain. Verification of also continued with related to the new cexchange of inform hospice related to a the resident 's condesses functional capacity. The facility must coal a comprehensive, a reproducible assess functional capacity. A facility must make assessment of a remediate resident assessment of a remediate	aff related to the notification to sidents experiencing pain cation of the credible d with interviews of unlicensed to reporting pain to the equilicensed nursing staff notify the nurse for any y a resident so the resident the nurse or medicated for the the credible allegation was interviews of the hospice staff communication form for the ation between the facility and any changes or concerns of dition. PREHENSIVE Induct initially and periodically accurate, standardized sment of each resident's et a comprehensive sident's needs, using the not instrument (RAI) specified assessment must include at emographic information;	F 15			8/27/14

Facility ID: 923255

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345353	B. WING _		07/	31/2014	
	PROVIDER OR SUPPLIER	LITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP (1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301			
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F 272	the additional assorting areas triggered by Data Set (MDS);	s and procedures; al; summary information regarding essment performed on the care the completion of the Minimum	F 2'	72			
	by: Based on observer record review, the assess the compr for 1 of 1 resident dialysis. Findings Resident #81 was 5/15/13 and readr diagnosis of end so Dialysis was sche and Saturdays per The most recent at Data Set (MDS) a 3/30/14. This asse had severe cognit total assistance w (ADLs) except for	entrology and serviced ation, staff interviews and facility failed to accurately ehensive needs of a resident (resident # 81) reviewed for included: admitted to the facility on nitted on 6/23/14 with a stage renal disease (ERSD). duled for Tuesdays, Thursdays rephysician's orders. annual comprehensive Minimum seessment was completed essment indicated Resident #81 ive impairment and required ith his activities of daily living eating. He was coded for s was not addressed in the		F272 It is the policy and normal production facility to conduct initially and a comprehensive, accurate and reproducible assessment resident'□s functional capa accurately assess the compreds of each resident. Affected Residents: * Resident #81□'s plan of conviewed and revised by the Coordinator on 7/22/2014 and dialysis needs. * The care guide of Resident reviewed and revised by the Coordinator on 07/22/2014	nd periodically, e, standardized ent of each acity and to prehensive care was e Care Plan and to address nt #81 was e Care Plan		

	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE: A. BUILDING (X3) DATE SU						
		345353	B. WING			07/	31/2014
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F 272	Continued From pa	ge 13	F 2	72			
	only other MDS not discharge MDS with 6/14/14.	nent (CAA) of the MDS. The ed on Resident #81 was a n return anticipated dated			indicates dialysis interventions for t resident. * Beginning 7/22/2014, all staff was in-serviced by the Staff Developme Coordinator on the care of this residence.	s nt	
	Nurse #1 stated that assessment should the CAA and been	the annual comprehensive have captured the dialysis on care planned with the comprehensive have resident.			related to dialysis needs. Other Residents: * The Care Plans of all other reside were reviewed and revised, beginn		
	assistant (NA) #1 s was on the resident resident closet to ki	t/22/14 at 4:50 PM, nursing tated the staff followed what a status sheet located in each now how to care for their. A review of Resident #81's			07/22/2014 if appropriate, by the Complete Plan Team to ensure they were up and interventions implemented. Systemic Changes:	are	
	precautions or asseresident.	no mention of specific essments for a dialysis			* Care Plans have been removed for separate binder and are now being in each resident' s individual chart	placed s. This	
	stated Resident #8 and returned on he center was expecte communication for they often did not. It routinely follow up call if there was a communicationed residual with the communication of the commu	7/22/14 at 4:53 PM, Nurse #1 1 went to dialysis on first shift or shift. She stated the dialysis and to send the dialysis on back with Resident #81 but Nurse #1 stated she did not on the form but the clinic would complication with Resident #81. Regarding any dialysis specific			has been communicated to all licer hospice and facility nursing staff by Staff Development Coordinator. * On 07/22/2014 the MDS Coordinator was instructed by the DoN to ensur all residents who receive dialysis hadialysis care plan in place. * Although dialysis services do not a CAA, the MDS Coordinator is rev	the ator re that ave a trigger	
	treatment, Nurse # Resident #81 down In an interview on 7 Director of Nursing Nurses were respondentially assistant comprehensive assistant	If for Resident #81 after a stated the aides would lay and offered him dinner. I/22/14 at 5:00 PM, the (DON) stated the MDS esible to the accuracy of the desident status sheets.			all charts to identify any residents receiving dialysis. A dialysis care p be implemented for all residents re dialysis. * Care plans are being reviewed an updated by the Care Plan Team at weekly scheduled clinical meetings * The MDS Coordinator will continuensure that all triggered CAAs are addressed and care planned as	ceiving ad all	

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F 272	In an interview on administrator state MDS nurses to have assessment accurace was being deland that the staff to resident. In an observation of Resident #81 was returned from dialy dry dressing to his aroused and appear of the stated she had not facility about the cacare a dialysis resitold to refer to the how to care for Re Resident #81's resund stated there we #81 was a dialysis dialysis shunt in his #81 would not be a information based observation at this up in bed with a drower forearm. He unable to have a more stated she unaware and was unaware and complications. In an interview on the stated she unaware and complications.	7/22/14 at 5:00 PM, the d she would have expected the ve completed the MDS ately in order to ensure the ivered to resident #81 safely knew how to care for dialysis on 7/22/14 at 5:10 PM, observed in bed. He had just is is. There was an observed left lower arm. He was easily ared in no distress. 7/23/14 at 8:40 AM, NA #2 received training from the are of a dialysis shunt or the dent. NA #2 stated she was resident status sheet to see sident #81. NA #2 reviewed ident status sheet in his closet as nothing indicating Resident resident or that he had a sarm. NA #2 stated resident able to communicate that on his cognition. In an time, Resident #81 was sitting y dressing observed to his left was pleasantly confused and heaningful conversation.	F 272	appropriate for each resident. * The 24-hour Report Sheet has be revised to include a section that including dialysis and any changes in dialysis. * The Interim Care Plan was also reflect dialysis needs for any new admission to the facility. * Orders and progress notes will compare to be reviewed in the morning clinic meeting by the ADoN, MDS Coord DoN, Wound Nurse, QA Nurse and plans will continue to be updated we appropriate. * All licensed nursing staff was insequently and care guided and care plans of all new admissions of weekly basis to ensure pertinent caplans are in place. In addition, can will be systematically audited durin weekly clinical meetings to ensure are up to date and appropriate. This be done on an ongoing basis. * The DON and/or designee will audited durin weekly clinical meetings to ensure are up to date and appropriate. This be done on an ongoing basis. * The DON and/or designee will audited durin weekly clinical meetings to ensure are up to date and appropriate. This be done on an ongoing basis. * The DON and/or designee will audited durin weekly clinical meetings to ensure are up to date and appropriate. This be done on an ongoing basis. * The DON and/or designee will audited durin weekly clinical meetings to ensure are up to date and appropriate. This will be ongoing as new dialysis residents are admitted to the facility. * Results of the audit will be reported monthly to the Quality Assurance Committee. Any instances of noncompliance will be analyzed to determine when they occurred; how determine when they occurred; how	dicates s care. evised w ontinue cal inator, d care when serviced des. dit the n a are e plans g the they is will dit the g is in when sed	

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F 272 F 279 SS=K	his annual assessment been a lot of turn or change in the comphave resulted in the assessment. In an interview on 7 stated resident #81 and she made sure form went with him treatment. Nurse #2 second shift and the ensure the form ret stated she applied his treatments and shunt prior to the manual line another interview administrator and the completed on the a 3/30/14 and the car resident status she specific care was completed on the a 3/30/14 and the car resident status she specific care was completed on the a 3/30/14 and the car resident status she specific care was completed on the a 3/30/14 and the car resident status she specific care was completed on the a 3/30/14 and the car resident status she specific care was completed on the a 3/30/14 and the car resident status she specific care was completed on the a 3/30/14 and the car resident status she specific care was completed on the a 3/30/14 and the car resident status she specific care was completed on the a 3/30/14 and the car resident status she specific care was completed on the a 3/30/14 and the car resident status she specific care was completed on the a 3/30/14 and the car resident status she specific care was completed on the a 3/30/14 and the car resident status she specific care was completed on the a 3/30/14 and the car resident status she specific care was completed on the annual status she specific care was completed on the annual status she specific care was completed on the annual status she specific care was completed on the annual status she specific care was completed on the annual status she specific care was completed on the annual status she specific care was completed on the annual status she specific care was completed on the annual status she specific care was completed on the annual status she specific care was completed on the annual status she specific care was completed on the annual status she specific care was completed on the annual status she specific care was completed on the annual status she specific care was completed on	nent. She stated there had ver in the MDS office and a puter system in April that could a lack of an accurate 1/24/14 at 9:00, Nurse #2 went to dialysis on her shift the dialysis communication in his lunch bag for each 2 stated he returned on a second shift nurse would urned with him. Nurse # 2 idocinae to his shunt before palpated for a thrill to his redication application. 1/24/14 at 10:25 AM, the ne DON stated MDS Nurse #2 or the accuracy of the MDS are CAA's should have been nnual MDS completed on the plan completed with the let updated to ensure dialysis communicated. 2(1) DEVELOP E CARE PLANS The results of the assessment and revise the resident's	F 272	responsive action will be taken.		8/27/14

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING		(X3) DATE COMP	SURVEY LETED
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F 279	to be furnished to a highest practicable psychosocial well-t §483.25; and any serious be required under due to the resident §483.10, including under §483.10(b)(4). This REQUIREME by: Based on observation physician assistant facility failed to dev (Resident #20) with hospice care which not knowing the reresulted in the staff precautionary or suturning and reposit as recommended I which resulted in in when turned and retaility also fail dialysis services (presidents reviewed).	t describe the services that are attain or maintain the resident's physical, mental, and being as required under services that would otherwise §483.25 but are not provided 's exercise of rights under the right to refuse treatment 4). NT is not met as evidenced tion, record review, staff and a certified (PA-C) interviews, the relop a care plan for a resident in a right hip fracture and in resulted in the nursing staff sident had a hip fracture, which	F 279	F279 It is the policy and normal practice of facility to develop a comprehensive plan for each resident that includes measurable objectives and timetable ensure services are furnished to attemaintain the resident¹□s highest practicable well-being. Affected Residents: * The care plan for Resident #20 was updated on 07/25/14 and again on 07/30/14 to address the hospice state care, hip fracture and breakthrough	es to ain or	
	resident (Resident was readmitted to to initiate a care pland administrator was jeopardy on 7/30/1 jeopardy was removed when the facility pracceptable Credible	#20) with a right hip fracture the facility and the facility failed an for a hip fracture. The notified of the immediate 4 at 11:34 am. The immediate eved on 7/31/14 at 5:00 pm ovided and implemented an e Allegation of Compliance.		This includes measurable objectives timetables. Plans were developed, reviewed and initiated by the Care F Team. * The hospice nurse revised the hose care plan on 07/31/14. The hospice plan and facility care plan were coordinated with facility MDS Coord * Beginning 07/25/14 all nursing star	s and Plan spice care linator.	

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F 279	potential for more Immediate Jeopan process of full imp their corrective act and severity of D. Findings included: 1. Resident #20 wa 4/4/14 with medical displaced femoral fracture), osteoper significant change assessment dated #20's mental statusame assessment "other fracture" and the review period. Review of the "The dated 4/7/14 in the part "Patient (pt) is with bed mobility. If X 2 assist for all m RLE (right lower expended to the word of	y of no actual harm with the than minimal harm that is not dy (D). The facility was in the lementation and monitoring ion. Example #2 is at a scope	F 2	779	(licensed & unlicensed) including h staff providing care for Resident #2 in-serviced on the interventions in Resident #20'□s plan of care by Do ADoN, SDC, and Administrator. Th plan changes were communicated nursing and hospice staff (licensed unlicensed) verbally, by instruction and via the Care Guide, which is pleach resident □'s room. * Resident #81'□s plan of care was reviewed and revised by the Care FC Coordinator on 7/22/2014 to includ dialysis needs. * The care guide of Resident #81 were reviewed and revised by the Care FC Coordinator to indicate dialysis interventions for this resident. * All staff was in-serviced beginning 7/22/14 by the Staff Development Coordinator regarding the care of the resident related to dialysis needs. Other Residents: * Beginning 7/22/2014 the Care Plant of the coordinator and QA Nurensure they were up to date and interventions implemented where appropriate. * DoN, MDS, QA Nurse and Unit D reviewed on 07/30/14 care plans of the	oN, e care to & sheet, aced in e /as Plan e /as Plan g this ans of and if DoN, rse, to	
	change. Finally, the and returned with members were turned	of a cloth pad for the dressing e Wound Care Nurse stopped NA #3. While the two staff ning Resident #20, the resident out in pain. With the NA holding			residents with any type of "injury" is to ensure that appropriate care pla were in place. This was accomplish chart review and actual pain asses The Unit Nurse is responsible for in	ns ned by sment.	

			(X3) DATE SURVEY COMPLETED		
		345353	B. WING		07/31/2014
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F 279	Continued From page	age 18	F 279		
	both hands on the Care Nurse turned with the use of the grabbed her right uright there." The With wound care the wound care at Nurse was intervie always complained On 7/23/14 at 10:5 Nurse #2 stated it cry out in pain when the In an interview on Hospice Case Marthat the resident with the resident wi	resident's back, the Wound I the resident to the left side cloth pad and Resident #20 upper thigh and yelled "It hurt found Care Nurse continued eatment. Immediately following 10:43 am, the Wound Care wed. She stated Resident #20 d of severe joint pain. 50 am during an interview, was normal for Resident #20 to en turned and repositioned. 7/23/14 at 11:35 am, the nager stated she was not aware as having pain with turning and 7/23/14 at 2:25 pm, NA #3 (has ent #20 7-3 Monday through eadmission on 4/4/14) stated it		changes to the pain care plan via the 24hr. shift report and Nurse-to-Nurse Report Sheet. No other residents widentified. * The MDS Coordinator on 07/29/14 reviewed all charts of residents received hospice services to ensure a care pain place. All other residents received hospice services have an appropriate hospice care plan. * The MDS Coordinator reviewed a care plans of residents in the facility currently on dialysis to ensure a car is in place. All other residents received dialysis have an appropriate dialysis plan in place. * The MDS Coordinator also review care guides of all residents in the face receiving dialysis and were updated communicate dialysis needs to the caring for these residents.	se vere 4 eiving blan is ng ste II other y re plan eiving s care ved the acility d to
	was normal for Re when she was beir She stated the res pain on the right hi a fracture before. Sthe resident before went out to the hos fracture but she the She stated when the hall she would get stated since the Reto the current hall she because it hurts to During a phone into the Hospice Case	sident #20 to complain of paining turned and repositioned. ident always complained of pright where they said she had she stated she had worked with a on another hall before she spital and was aware she had a ought the fracture was healed. The resident was on the other up out of bed. She further esident #20 has been admitted she do not get out of bed to bad for you to move her. erview on 7/23/14 at 4:15 pm, Manager stated she was not nt #20 had a hip fracture. Later.		* All licensed nursing staff was in-set beginning 7/22/14 by the Staff Development Coordinator regarding plans and care guides. * Hospice implemented on 07/31/14 additional communication tool to er communication regarding change in status information to the facility and hospice staff. * Hospice staff prior to leaving the f will provide the communication tool Charge Nurse. * Hospice will utilize their communication tool prior to leaving the facility to enthat the Charge Nurse has a report	g care 4 an hance a callity to the cation sure

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F 279	after reviewing the paperwork for Hos the paperwork for Hos the paperwork incl neck fracture. On 7/23/14 at 4:35 Wound Care Nurs Resident #20 still I she thought the frastated she was no recommendations instructions for two mobility at all times. On 7/24/14 at 10:3 #3 stated she was precautions she shresident. She furth and repositioned the she did not tell the complaining of pai and repositioned by the completed the resident on readmission to further stated she precautions related the hip fracture be resident. Nurse #2 doctor in reference the hip fracture be resident had a hip hospital discharge #2 stated she must diagnosis.	resident's admission pice services, she stated she uded a diagnosis of femoral pm during an interview, the e stated she was not aware and a hip fracture. She stated acture was healed. She further	F 2	reference to any hospice cormay need to be addressed in plan to maintain continuity of * The MDS Coordinator is recharts to identify any resident dialysis. A dialysis care plan implemented for all residents dialysis. * The 24-hour Report Sheet to include a section that indicand changes in dialysis care * The Interim Care Plan was to reflect dialysis needs for a admission to the facility. * It is now the policy of this faresidents will have a pain caplace on admission. The pair will include measurable objet timetables to ensure all pain facility are being addressed if and effective manner. MDS is review quarterly and as need care plans to ensure they are and appropriate. * Care Plans have been rem separate binder and are now in each resident' sindividual has been communicated to a hospice and facility nursing so Staff Development Coordina * The Interim Care Plan was revised on 7/30/14 to ensure are included that address an injury, fracture, etc., for any is admitted to the facility with injury/fracture. * All nursing staff, including his now being made aware of to the care plans related to the facility with injury/fracture.	n the care f care. Eviewing all hts receiving will be s receiving was revised cates dialysis also revised any new acility that all re plan in n care plan ctives and issues in the in a timely nurse will ded all pain e up to date loved from a v being placed al charts. This all licensed staff by the ator. reviewed and e interventions by type of resident who n such an mospice staff any updates		

PRINTED: 08/27/2014 FORM APPROVED OMB NO. 0938-0391

CENTER	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES			01	<u> MB NO.</u>	<u>0938-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 279	since she was adm 4/7/14) stated Residip pain when she to She further stated is Wound Care Nurse bad when you repostarted working with She stated she did because she was to complained of joint stated the resident foot was touched. To always took care of further stated the caresident included by repositioning. She is complained of pain The Hospice NA state complained of pain The Hospice NA state complained of pain her in April 2014. So the resident had at she was not aware she should take who on 7/24/14 at 1:57. Therapy Assistant (of the Rehab Direct unable to provide a training to the staff recommendations of form dated 4/7/14. Therapist that composited the staff should resident should resident staff should resident	itted to hospice services on dent #20 complained of right turned and repositioned her. She asked Nurse #2 and the why the resident hollered so sitioned her when she first in the resident in April 2014. Inot inform the Hospice Nurse old the resident always pain. The Hospice NA #1 would holler when her right The Hospice NA stated she is the resident by herself. She are she provided to the athing and turning and stated the resident always when she repositioned her. In a stated the resident has since she started working with the stated she was not aware hip fracture. She further stated of any safety precautions that en working with Resident #20. pm, the Certified Occupational COTA) (who spoke on behalf tor's absence) stated she was ny written documentation of related to the documented on the screening She further stated the Physical oleted the PT screening was did at the facility. The COTA uld do log rolling when turning a right fracture to minimize the	F 2	279	hospice or any other pertinent issue the 24hr Report Sheet and Care Green (which is placed in each resident' coom). * The Administrator, MDS Nurse, DADON, QA Nurse and Unit Director in-serviced by Nurse Consultant, RRAC (Resident Assessment Certific on 7/31/14, on care plan developm updates that include, but not limited care plans should be consistent wit resident specific conditions, risk needs, etc. and current standards of practice and (2) the need to include measurable objectives, approximat timetables, specific interventions as services needed to address those of and conditions and (3) the process reviewing and revising the care plangeriodically as necessary. Quality Assurance: * The DoN and/or designee will audicare plans of all new admissions of weekly basis to ensure pertinent caplans are in place. In addition, care of existing residents will be system audited during the various weekly interdisciplinary meetings to ensure are up to date and appropriate and coordinated with hospice plans of of this will be done on an ongoing we basis. * The DON or designee will audit the plans of all residents receiving dialy ensure that a dialysis care plan is in the plans of all residents receiving dialy ensure that a dialysis care plan is in the plans of all residents receiving dialy ensure that a dialysis care plan is in the plans of the plans of all residents receiving dialy ensure that a dialysis care plan is in the plans of the plans of all residents receiving dialy ensure that a dialysis care plan is in the plans of the plan	oN, were N, cation) ent and d to (1) h s, of e end/or needs for n dit the a are explans at cally explans to explans are explan	
	•	on 7/24/14 at 2:50 pm, NA #5			This will be ongoing as new dialysis residents are admitted to the facility	3	

Facility ID: 923255

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG	` '	E SURVEY PLETED
		345353	B. WING		07/3	31/2014
	PROVIDER OR SUPPLIER ND HOUSE REHABIL	ITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP C 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	· · · · · · · · · · · · · · · · · · ·	
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F 279	Monday through Fr 4/4/14) stated Resi her right leg daily with She further stated resident had a right precautions to take On 7/24/14 at 3:04 #1(has worked with Monday through Fr to the facility on 4/4 that Resident #20 h stated she was award complained of pain stated she thought resident since whe on 4/4/14. On 7/24/14 at 4:35 MDS Nurse #1 ack plan for Resident # fracture and hospid indicated the care plan for the include goals an hip fracture and hospid indicated the care plan up fracture. During an interview Director of Nursing expectation for the interim care plan up readmission to the expected the nurse information to the care plan up for the interim care plan up fracture.	Resident #20 on 3-11 shift riday since her readmission on ident #20 complained of pain in when turned and repositioned. She was not aware that the thip fracture or of any special when the resident was turned. If the property is when the resident was turned and since she was readmitted when the resident was not aware and a hip fracture. She further are that the resident yelled and when being turned. Nurse #1 this was normal for the nowledged there was no care that the resident to the facility on the property is a more property in the property is a more property in the property in the property is a more property in the property in the property is a more property in the property in the property is a more property in the property in the property is a more property. The property is a more property is a more property in the property in the property is a more property. The property is a more property is a more property in the property in the property is a more property. The property is a more property is a more property in the property in the property in the property is a more property in the property in the property is a more property in the property in the property is a more property in the property	F 2	* Results of the audit will be monthly to the Quality Assu Committee by the DoN. Any noncompliance with the requare plans be: (1) created used mission; (2) regularly upon maintained in an accurate a status will be analyzed to desuch noncompliance occurre how. Appropriate response initiated up to and including discipline and training, as not status with the requarement of the properties o	rance y instances of quirement that upon dated and (3) and current etermine when red, why and es will be employee	

PRINTED: 08/27/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345353	B. WING		07/:	31/2014
	PROVIDER OR SUPPLIER	ITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	, ,	
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F 279	Physician Assistan orthopaedic office measures or prote with a hip fracture to the resident or of further explained s supporting the affect of the resident explained supporting the affect orthopaedic PA-C patient and the more revealed Resident excruciating pain. It is significant decline resident's right hip now recommended though the resident candidate. In an interview on Hospice Case Markospice plan of call address the right his stated she has not of care for any need with the facility's call address the right has tated to hospice. The facility provide Allegation on July 3 F279 It is the policy of the comprehensive call includes measurable ensure services are	age 22 If pm in an interview, the tocertified (PA-C) for the local stated failure to provide safety ctive handling for a resident could result in increased pain displacement of the fracture. He afety measures would include exted extremity and log rolling. If am during an interview, the stated his evaluation of the est recent X-rays on 7/29/14 #20 was experiencing. He stated there has been a in the condition of the extrement of the extrement was a high risk surgical. If all 11:35 am, the example of the extrement was a high risk surgical. If all 11:35 am, the example of the extrement was a high risk surgical. If all 11:35 am, the example of the extrement was a high risk surgical. If all 11:35 am, the example of the extrement was a high risk surgical. If all 11:35 am, the example of the existence of the exis	F 279			

Facility ID: 923255

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	FIPLE CONSTRUCTION NG		
		345353	B. WING		07	/31/2014
	PROVIDER OR SUPPLIER	ITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP O 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	<u> </u>	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 279	The care plan on 07/25/14 and as hospice status & coreakthrough pain objectives and time reviewed and initiated. The hospice of 7/31/14 by the hospian and facility cas facility MDS Coorded. Beginning 07/28 unlicensed) includere for Resident interventions in Responsible staff (licential instruction sheet, as placed in each result of the potential to be core plans of the potential to be injury issues has MDS, QA and united that appropriate case was accomplished pain assessment. For the initiating characteristic in the 24-hour shift resport Sheet. No control in the potential to be residents will have	or Identified Resident- for Resident #20 was updated gain on 7/30/14 to address the are, hip fracture and that includes measurable etables. Plans were developed, ted by the Care Plan Team. are plan was revised on pice nurse. The hospice care re plan were coordinated with inator. 25/14 all nursing staff (licensed uding hospice staff providing #20 were in-serviced on the esident #20's plan of care by and Administrator. The care to communicated to nursing and used & unlicensed) verbally, by and via the Care Guide which is ident 's room.	F 2	79		
	all pain issues in the	ives and timetables to ensure ne facility are being addressed active manner. All pain care				

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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F 279	Continued From pa	age 24	F 279	9		
	plans will be review and as needed to a appropriate. All charts were receiving hospice is in place by the MAII other residents have an appropriatimplemented on 7/communication too regarding change if facility and hospice be provided by hose. The Interim Ca and revised on 07/are included to addiffracture, etc. for where MII nursing staff made aware of any related to pain, injurpertinent issues via Sheet and the Cardeach resident 's reach resident 's resident 's specification (RAC) development and ulimited to (1) care president 's specificand current standaneed to include mean approximate timeta	ved by MDS nurse quarterly ensure they are up to date and a reviewed of residents services to ensure a care plan IDS Coordinator on 7/29/14. receiving hospice services to ensure a care plan IDS coordinator on 7/29/14. receiving hospice services to enspice services to enspice care plan. Hospice 31/14 an additional of to enhance communication on status information to the estaff. Communication tool will expice staff prior to leaving. The plan form was reviewed 30/14 to ensure interventions dress any type of injury, nich a resident is admitted with. If including hospice staff will be a updates to the care plans ary, hospice or any other at the Nurse to Nurse Report to Guide which is placed in som. Hospice implemented on the facility and hospice staff. The build be provided by hospice				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
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F 279	Continued From parand conditions, and and revising the carnecessary. Completion Date: On 7/31/2014 at 5:: credible allegation blicensed nursing stimplementation of a residents admitted the Hospice Case I verified the updates plans will be common Nurse to Nurse repallegation continuenursing staff related updates or implementation of the doction of the doctif they have any quiresident at any time 2. Resident #81 was 5/15/13 and readmined and read	age 25 d 3) the process for reviewing re plan periodically as 7/31/2014 30 pm, verification of the was evidenced by interviews of	F 2	DEFICIENC		
	and Saturdays per The annual Minimu 3/30/14 indicated F cognitive impairme assistance with his except for eating. T dialysis shunt preca complications or po	uled on Tuesday, Thursday physician's orders. Im Data Set (MDS) completed Resident #81 had severe nt and required total activities of daily living (ADLs). There was no care plan for his autions, assessment, otential emergencies. dical record revealed the last				

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F 279	7/15/14 and the las on 7/12/14 on Resicommunication for staff were to obtain a post blood pressures a place for dial abnormal findings, any new orders or occurred during the no place on the formany assessment or #81 's return to the In an interview on 7 assistant (NA) #1 sthe care of a dialysta medic and knew a dialysis resident. unaware of the faci care of Resident #8 to follow what was a located in each resinformation. A review sheet made no mediassessments for a In an interview on 7 stated Resident #8 and returned on he center was expected communication for they often did not. It routinely follow up to call if there was a completed treatment, Nurse #	ation form was completed on the nursing note was completed dent #81. The dialysis in indicated that the dialysis and pre and post weight and ure on Resident #81. There lysis staff to indicate any treatments, medications or changes that may have dialysis treatment. There was in for facility staff to document monitoring following Resident afacility after his treatment. 7/22/14 at 4:50 PM, nursing tated she was not educated on its resident but stated she was the precautions necessary for NA #1 stated she was lity's expectation regarding the staff was instructed on the resident status sheet ident closet for specific care lew of Resident #81 's status intion of specific precautions or	F 2	79		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345353	B. WING		07/	/31/2014	
	PROVIDER OR SUPPLIER	TATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301			
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F 279	Continued From pa	ge 27	F 2	79			
		e would refer to the care plan applications, emergencies or					
	stated she had not facility about the ca care a dialysis residud to refer to the rehow to care for Resident #81's residud stated there was #81 was a dialysis in dialysis shunt in his #81 would not be all information based to observation at this fup in bed with a dry lower forearm. He was a market with the care of the control of the care of	received training from the re of a dialysis shunt or the dent. NA #2 stated she was esident status sheet to see sident #81. NA #2 reviewed dent status sheet in his closet as nothing indicating Resident resident or that he had a arm. NA #2 stated resident ble to communicate that on his cognition. In an time, Resident #81 was sitting a dressing observed to his left was pleasantly confused and eaningful conversation.					
	stated she unaware	23/14 at 9:00 AM, NA #3 how to care for dialysis shunt low to manage emergencies					
	Nurse #2 stated she Resident #81 for dia assessment. She s turn over in the MD	2/23/14 at 10:30 AM, the MDS e neglected to care plan for alysis at the time of his annual tated there had been a lot of S office and a change in the April that could have resulted blanning.					
	administrator stated	/14 at 10:25 AM, the d it was her expectation MDS y care plan any resident					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		E SURVEY MPLETED
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	PROVIDER OR SUPPLIER	ITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301		
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F 280 F 280 SS=D	483.20(d)(3), 483.1 PARTICIPATE PLA The resident has the incompetent or othe incapacitated under participate in plann changes in care and A comprehensive of within 7 days after comprehensive assinterdisciplinary tear physician, a register for the resident, and disciplines as deter and, to the extent put the resident, the relegal representative	0(k)(2) RIGHT TO .NNING CARE-REVISE CP ne right, unless adjudged erwise found to be r the laws of the State, to ing care and treatment or	F 28			8/27/14
	by: Based on record reinterviews, the facil plan for 1 of 2 sam (Resident # 34). Findings included: Resident # 34 was 2/5/2014 with medi Hypertension, and Pulmonary disease	eview, observation and staff ity failed to update the care pled residents who had a fall admitted into the facility on cal diagnoses that included Chronic Obstruction The quarterly minimum data ed on 5/17/2014 indicated		F280 It is the policy and normal practifacility to develop a comprehent plan within 7 days after the conthe comprehensive assessment periodically review, revise and care plan after each assessment Affected Residents * The care plan of Resident #34	sive care npletion of it and to update the nt.	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		E CONSTRUCTION		SURVEY PLETED
		345353	B. WING			07/3	31/2014
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 280	long-term memory, indicated as severe further indicated the and did not require transfer and locomod. The care plan dated revealed the reside as a goal for risk for will not sustain a far Interventions included assess need for low maneuvers, provided and keep floor free the care plan reveau pdated during the 5/17/2014 and Resupport of the care plan reveau pdated during the 5/17/2014 and Resupport of the care plan reveau pdated during the 5/17/2014 and Resupport of the care plan reveau pdated during the 5/17/2014 and Resupport of the care plan reveau pdated during the 5/17/2014 at 9:00 observed sitting on walker was observed resident was not obtain injuries were not not injuries were not not injuries that it was the residents' care nurse stated it was the residents' care nurse stated she remorning stand up not	Decision-making was ally impaired. The assessment eresident was independent assistance with bed mobility, otion. d 3/16/2014 for Resident #34 and was at risk for falls. Listed a falls in part read "Resident III through next review." ed: "Transfer with assistance, when bed, monitor for unsafe erappropriate safety teaching, of clutter." Further review of led the care plan was not last quarterly review dated ident's fall of 7/21/2014. 7/21/2014 documented I sitting on the floor, called to obted." On AM, Resident # 34 was the chair in her room. A end next to the resident. The observed in any discomfort and	F 2	80	reviewed, revised and updated by the Care Plan Team to indicate the fall 7/21/14. The next quarterly review resident was 8/17/14 and the care has been reviewed and updated be the quarterly assessment. Other Residents: * The Incident Log has been reviewed the past three months (5/14 - 7/14) care plans of any resident who has fall in the past three months have be reviewed to ensure any falls are into on their care plan. All fall care plan up to date and accurate. * The MDS Assessment schedule have been reviewed (5/14 - 7/14) to ensure are no other missed care plan updates. All care plan reviews were date. Systemic Changes: * Care Plans have been moved from separate binder and are now being in each individual resident 's chart. * Fall Care Plans will continue to be updated as incidents occur. * Fall Care Plans will continue to be reviewed at the weekly Incident/Accumenting. * The MDS Coordinator received a refresher in-service on 7/31/14 from Nurse Consultant, RN, RAC (Resid Assessment Certification) regarding importance of care plan review in accordance with the assessment schedule.	on for this plan used on wed for . The had a been dicated as were has ure ne up to many a placed . Excident	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	* *	IPLE CONSTRUCTION NG		E SURVEY IPLETED
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F 280	included the use of walking. Interview on 7/23/20 Nursing stated it wa plan to be updated status and condition care plan should ha	ne new interventions, which a walker at all times while 014 at 3:45 PM, the Director of as her expectation for the care to reflect the resident current a. She added Resident #34's the been updated to reflect the new intervention after the	F 28	* The DON and/or designee will a the Incident Log to ensure any in are indicated on the care plan. * The DON and/or designee will a the MDS Assessment schedule to care plans are being reviewed in accordance with the MDS Sched. * Reviews will be done at least for a week for four weeks; weekly for weeks; monthly for four months a ongoing quarterly, thereafter. * Results of the audit will be reported the monthly Quality Assurance Comeeting. Any instances of noncomil be analyzed to determine who occurred; how they occurred and occurred and responsive action will be a service of the ser	review o ensure ule. ur times r four and then rted at ommittee mpliance en they why they	
F 287 SS=D	RESIDENT ASSES (1) Encoding Data. completes a resider must encode the foresident in the facili (i) Admission asses (ii) Annual assessm (iii) Significant chan (iv) Quarterly review (v) A subset of item reentry, discharge, (vi) Background (fais no admission assessments)	Within 7 days after a facility nt's assessment, a facility flowing information for each ty: esment. The sent updates. The sent updates assessments. The sent assessments are upon a resident's transfer, and death. Cee-sheet) information, if there	F 28	taken.		8/22/14

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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F 287	must be capable System informatic the MDS in a forn record layouts an passes standardi: the State. (3) Transmittal rea facility complete facility must elect accurate, and cor System, including (i) Admission ass (ii) Annual assess (iii) Significant cor (iv) Significant cor (v) Significant cor assessment. (vi) Quarterly revi (vii) A subset of it reentry, discharge (viii) Background initial transmission does not have an (4) Data format. The format specifi has an alternate if	lent's assessment, a facility of transmitting to the CMS on for each resident contained in nat that conforms to standard d data dictionaries, and that zed edits defined by CMS and quirements. Within 14 days after as a resident's assessment, a ronically transmit encoded, applete MDS data to the CMS the following: essment. In the followi	F 2	87			
	by: Based on staff in facility failed to co Minimum Data Se	terviews and record review, the emplete and transmit an entry et (MDS) within 14 days of		F287 It is the policy and normal pr			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		` '	(X3) DATE SURVEY COMPLETED	
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F 287	5/15/13 and readm diagnosis of end st The most recent ar assessment was consisted assessment indicated cognitive impairment assistance with his except for eating. The sident #81 was an anticipated dated 60 In an interview on 70 Director of Nursing stated that the MDS accuracy and submits set's. In an interview on 70 Nurse #2 stated she entry MDS when Rhospital on 6/23/14 the entry MDS on 70 explanation as to withe 14 day window, had recently started	admitted to the facility on itted on 6/23/14 with a age renal disease (ERSD). Innual comprehensive MDS ompleted 3/30/14. This ted Resident #81 had severe nt and required total activities of daily living (ADLs) The only other MDS noted on a discharge MDS with return	F 28	completes a resident' s assessme electronically transmit encoded, a and complete MDS data to the C System that includes the following Annual assessment; significant completes of prior full assessment; assessment, death and background (face-information, for an initial transmist MDS data on a resident that does have an admission assessment. Affected Residents: * Transmission of entry MDS for the schedule on 7/25/14 to ensure the other required MDS assessments transmitted timely. Systemic Changes: * The Director of Nursing conduct refresher training with MDS Nursing 7/25/14 regarding the RAI regulation the schedule for transmitting MDS assessments. * The RN MDS coordinator will consure required MDS assessments assessments. * The RN MDS coordinator will consure required MDS assessments assessments. * The RN MDS coordinator will consure required MDS assessments.	accurate MS g: hange in rrection ht ssment; s upon a harge, sheet) sion of a not Resident The MDS at all as were ted des on itions on sontinue to hts have		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		E SURVEY PLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309 SS=K	Each resident must provide the necessary or maintain the high mental, and psycho	CARE/SERVICES FOR	F 28	* The DoN and/or designee will systematically audit MDS Assessme that are to be transmitted every we ensure timeliness of transmissions will be done weekly for one month; monthly for four months and then quarterly, thereafter. * Results of the audit will be report the monthly Quality Assurance Cor (QAA) meeting. Any instances of noncompliance will be analyzed to determine when they occurred; hor occurred and why they occurred at responsive action will be taken.	ek to . This ed at mmittee w they	8/27/14
	by: Based on observatinterviews, the facilifor a resident with a evaluate the need for to provide Physical positioning and care care to the resident	ion, record review and staff ty failed to provide follow up right hip fracture, failed to or continued treatment, failed Therapy advised turning, te training to staff providing , failed to stop providing care, re when the resident		F309 It is the policy and normal practice facility to ensure that each residen receives and the facility provides the necessary care and services to attemaintain the highest practicable presented and psychosocial well-bein	t ne ain or nysical,	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	· ´com		SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				1700 PAMALEE DRIVE		
HIGHLA	ND HOUSE REHABIL	ITATION AND HEALTHCARE	1	FAYETTEVILLE, NC 28301		
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F 309	Continued From pa	- -	F 309			
	#20). The facility a	n for 1 of 2 residents (Resident also failed to adequately assess for 1 of 1 sampled resident on		accordance with the comprehensive assessment and plan of care.	⁄e	
	dialysis (Resident began on 4/4/14 w	#81). The immediate jeopardy then the resident (Resident		Affected Residents:		
	#20) with a right hi the facility. The ad immediate jeopard immediate jeopard 5:00 pm when the implemented an ac Compliance. The f compliance at a scharm with the pote harm that is not Imfacility was in the pand monitoring the #2 is at a scope ar Findings included: 1. Resident #20 was	p fracture was readmitted to ministrator was notified of the ly on 7/30/14 at 11:34 am. The ly was removed on 7/31/14 at facility provided and cceptable Credible Allegation of acility will remain out of cope and severity of no actual ential for more than minimal mediate Jeopardy (D). The process of full implementation eir corrective action. Example and severity of D.		* An orthopedic appointment, with orthopedic physician assistant (PA Resident #20 was conducted on 0. * A hip fracture care plan was dever and initiated for this resident on 7/2 by the Care Plan Coordinator. * All nursing staff, including hospic in-serviced by the SDC regarding r #20' ship fracture and the safety precautions related to turning and repositioning that are to be observed beginning on 07/28/14. Hospice stain-serviced again on 07/31/14 by the hospice director. * All staff members caring for this inhave been made aware of the interventions contained in the care	C), for 7/29/14. eloped 25/14 e were resident ed aff was ne	
	4/4/14 with medical displaced femoral fracture), osteoper significant change assessment dated #20's mental statu "Other fracture" an received during the assessment also contolly dependent for persons plus assist indicated the resid medication regime during the review predical record did fracture. The care	al diagnoses including neck fracture (right hip nia and osteoarthritis. The Minimum Data Set (MDS) 4/7/14 indicated Resident s was severely impaired. In the MDS documented the resident was serviced by the mobility with two stance. The MDS assessment ent received a scheduled pain on with no complaints of pain period. Further review of the not reveal a care plan for a hip plan updated 4/17/14 esident problem was pain. The		the Director of Nursing. * The Care Guide in the resident' was updated on 07/30/14 to includ the resident is exhibiting any signs/symptoms of pain, staff is to the Charge Nurse so that approprinterventions can be initiated. * Resident #81 by splan of care was reviewed and revised by the Care Coordinator on 7/22/2014 to addredialysis needs. * The care guide of Resident #81 by reviewed and revised by the Care Coordinator on 07/22/2014 and no indicates dialysis interventions for resident. * Beginning 7/22/2014, all staff was	s room e that if notify ate pain s Plan ss vas Plan w this	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPL	
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F 309	goal stated for the will be relieved with through next review in part were pain in positioning when of (medical doctor) if offer pain medicati pain-inducing proof therapy, wound care of care did not revergain. Review of the host 4/4/14 revealed Refemoral neck fractic candidate. Review of a nurse in part read "pt yell monitoring in progresiew of a nurse in part read "repositioned and with the pattern of a nurse in part read "Yells screams when care Review of a nurse (am or pm not indice upon being touched care given." Review of a nurse am in part read "Fewiew of the "The Review of the "The	problem was the resident pain hin one hour of intervention w. Interventions for the problem hedication as ordered, check omplaining of pain, notify MD pain medication ineffective, on prior to potentially edures such as physical re. Review of the hospice plan heal a plan for a hip fracture or bital discharge summary dated hesident #20 had a displaced had a displaced him and when getting personal care. " s note dated 4/4/14 at 2:55 pm filling out loud during pericare, ress." s note dated 4/4/14 at 10:30 fells out when turned and when getting personal care. " s note dated 4/5/14 at 06:45am out upon touch and movement	F 309	in-serviced by the Staff Developme Coordinator on the care of this res related to dialysis needs. Other Residents: * The DoN and clinical nurses beg 7/22/14 reviewing those residents sampled and their medical records determine if those residents receiv necessary care and services to may well-being and assure that a full assessment has been completed it past month. * The Unit director reviewed all other resident charts and the transportation schedule on 7/30/14 to ensure the no other missed appointments. All appointments are scheduled. * DoN and Unit Director reviewed at charts of resident receiving hospic service to ensure a care plan is in on 07/30/14. All resident receiving services have an appropriate hospicare plan. * DoN and Unit Director reviewed at charts of resident receiving dialysis service to ensure a care plan is in on 07/22/14. All resident receiving services have an appropriate dialy plan. Systemic Changes: * An in-service was provided by the on 7/28/14 to licensed nurses, regivisualization of pain signs and sym* A 24hr. Report Sheet has been	an on not sto red the aintain n the ler tion re were I all e place hospice bice all s place dialysis sis care e SDC arding	

PRINTED: 08/27/2014 FORM APPROVED OMB NO. 0938-0391

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F 309	needs to remain ir mobility to avoid concentration of the med #20 was schedule with a local orthop for re-evaluation of Review of the "Rafor Resident #20 concentrate against the pelvis dated 3/ femoral neck fraction change." Review of right hip X-ray date has been some diffragments consists subcapital femoral fragment now appoint centimeters (cm). Review of a progression of the pelvis dated 3/ femoral neck fraction of the	ssist X2 with bed mobility. Pt bed with X 2 assist for all compromise of RLE (right lower ure)." dical record revealed Resident d for a follow up appointment aedic office on April 15, 2014 f the right hip fracture. diology Report" of the right hip lated 2/20/14 in part read al neck fracture is suspected of e." Review of the CT scan of 13/14 in part read "Right ure. Marked degenerative of the "Radiology Report" of a ed 7/24/14 in part read "There is placement of the fracture ent with acute re-injury at the lanck with the largest distal earing displaced laterally 1.0	F3		parage Nurse can care aware of the ent. It is ce will be via the inmunication tool going basis, all er aware of any is related to any it is room. In schedule tool on 08/04/14 to is are captured. In ing from the itewed after the interest was revised es to better re having the er and it conducting the er Plan is of the screen if it is should be the ADoN on an interim care esses any type of is present upon		
	normally complain and stated the res observation of wor	ed of pain when being turned ident may yell out. During the und care, Resident #20 yelled times when the Wound Care		and treatment can be pro * The care guide will be u admission and as needed Nurse, who will also notif	ovided. updated on d by the Charge		

Facility ID: 923255

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NAME OF PROVIDER OR SUPPLIER HIGHLAND HOUSE REHABILITATION AND HEALTHCARE X ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) X X X X X X X X X			345353	B. WING			07/:	31/2014
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DEI IOILINOT)	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
F 309 Continued From page 37 Nurse alone attempted to turn her onto her left side with the use of a cloth pad for the dressing change. The Wound Care Nurse stopped and returned with NA #3. While the two staff members were turning Resident #20, the resident continued to yell out in pain. With the NA holding both hands on the resident's back, the Wound Care Nurse turned the resident to the left side with the use of the cloth pad and Resident #20 grabbed her right upper thigh and yelled "It hurt right there." The Wound Care Nurse continued with wound care treatment. Immediately following the wound care treatment. Immediately following the wound care at 10.43 am, the Wound Care Nurse was interviewed. She stated Resident #20 always complained of severe joint pain. On 7/23/14 at 10:50 am during an interview, Nurse # 2 stated it was normal for Resident #20 to cry out in pain when she was turned and repositioned. In an interview on 7/23/14 at 11:35 am, the Hospice Case Manager stated she was not aware that the resident was having pain with turning and repositioning. In an interview on 7/23/14 at 2:25 pm, NA # 3 (has worked with Resident #20 to complain of pain when she was being turned and repositioned. She stated the resident always complained of pain on the right hip right where they said she had a fracture before. She stated when the resident was haven to the the hospital and was aware she had a fracture but she thought the fracture was healed. She stated when the resident was now on the other hall she would get	Nu sid charet we to you on turn the upp Wo treat into cor On Nu to o rep In a thousand the she and and tho	le with the use of ange. The Would urned with NA # are turning Residently by the res	pted to turn her onto her left of a cloth pad for the dressing and Care Nurse stopped and as. While the two staff members dent #20, the resident continued With the NA holding both hands ack, the Wound Care Nurse at to the left side with the use of Resident #20 grabbed her right elled "It hurt right there." The econtinued with wound care ately following the wound care ately following the wound care ately following the wound care ately following an interview, awas normal for Resident #20 always ere joint pain. 30 am during an interview, awas normal for Resident #20 when she was turned and and and and and and and and and an	F3		* On 07/22/2014 the MDS Coordina was instructed by the DoN to ensure all residents who receive dialysis hadialysis care plan and care guide in Quality Assurance: * The DoN and/or designee will ran audit 20% of resident charts on a number basis to ensure appropriate care as services are being provided based resident assessments. The prima focus of chart reviews will include have readmissions and significant change condition. In addition, care plans a medical records will continue to be systematically audited during the value weekly interdisciplinary meetings to ensure they are up to date and appropriate. This will be done on an ongoing weekly basis. * Results of the audit will be reported monthly to the Quality Assurance Committee by the DoN and/or designation and instances of noncompliance was analyzed to determine when such noncompliance occurred, why and Appropriate responses will be initiated and including employee disciplinary meetings to the initiation and including employee disciplinated	re that ave a n place. Indomly nonthly nd on ry nospital ges in and arious on the defended by	

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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F 309		age 38 further stated since the	F 3	09			
	Resident #20 has b	peen admitted to the current out of bed because it hurts too					
	the Hospice Case I aware that Resider after reviewing the paperwork for Hosp	erview on 7/23/14 at 4:15 pm, Manager stated she was not at #20 had a hip fracture. Later, resident's admission bice services, she stated she aded a diagnosis of femoral					
	Wound Care Nurse Resident #20 still h she thought the fra stated she was not recommendations	by PT for safety precautions or persons assist with bed					
	#3 stated she was precautions she sh resident. She furthe and repositioned the she did not tell the complaining of pair	7 am during an interview, NA not aware of any special ould take when turning the er stated she always turned he resident alone. NA#3 stated nurse about the resident in to the right hip when turned ecause everybody was aware.					
	Staff Development (SDC)/Transportation department. She flow the appointment SDC/Transportation	con 7/24/14 at 11:03 am, the Coordinator on Supervisor stated the artment was not aware of the further stated she do not know int was missed. The n Supervisor stated the seen rescheduled for July 30,					

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F 309	Nurse #2 stated sh had a right hip fract completed the resident on readmission to the further stated she opercautions related resident. Nurse #2 doctor in reference the hip fracture becaused the must diagnosis. On 7/24/14 at 1:45 Hospice NA #1 (whis since she was admitted was admitted to the further stated she hip pain when she she further stated she was the working with the stated working with the stated the resident foot was touched. Stook care of the resistant of the resident foot was touched. Stook care of the resistant of the resident she stated the resident she started working stated the resident she started working stated the resident she started working stated the started working stated the started working started	age 39 5 am during an interview, e was not aware Resident #20 ture. She acknowledged she dent's admission assessment the facility on 4/4/14. She did not implement any safety to a hip fracture for the stated she did not contact the to any safety precautions for cause she did not know the fracture. After reviewing the summary dated 4/4/14, Nurse of thave overlooked the pm during a phone interview, to worked with Resident #20 inted to hospice services on dent #20 complained of right turned and repositioned her. She asked Nurse #2 and the ewhy the resident hollered so sitioned her when she first the the resident in April 2014. Not inform the Hospice Nurse old the resident always pain. The Hospice NA #1 would holler when her right She further stated she always sident by herself. She further exprovided to the resident always complained of pain since of with her in April 2014. She aware the resident had a hip	F 309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRU	(X3) DATE SURVEY COMPLETED			
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F 309	any safety precaution working with Reside Working with Reside On 7/24/14 at 1:57 Therapy Assistant (of the Rehab Direct was unable to provious training to the starecommendations of form dated 4/7/14. Therapist that complete no longer employed stated the staff shour Resident #20 with a pain and discomfor On 7/24/14 at 2:30 interview Physician office (where Reside for right hip fractured deferring all question be answered by his #1 (PA-C) that has During an interview (has worked with Resident had a right precautions to take On 7/24/14 at 3:04 #1(has worked with Monday through Free to the facility on 4/4/14 of the facility of the facil	r stated she was not aware of ons that she should take when ent #20. pm, the Certified Occupational COTA) (who spoke on behalf for 's absence) stated she de any written documentation aff related to the documented on the screening She further stated the Physical pleted the PT screening was d at the facility. The COTA uld do log rolling when turning a right fracture to minimize the	F3	09			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL [*] A. BUILDI	TIPLE CONS	(X3) DATE SURVEY COMPLETED			
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F 309	complained of pain stated she thought resident since wher on 4/4/14. On 7/24/14 at 4:35 MDS Nurse #1 ack plan for Resident # fracture and hospic indicated the care pto include goals and hip fracture and hos she was not aware fracture. During an interview Director of Nursing expectation for the interim care plan up readmission to the expected the nurse information to the conformation to the conformation to the conformation of the resident's comportant of the resident's comportant of the physician expected the staff to resident was complete was under control. expectation for the made it to her schefurther stated she was under cated she was under control.	are that the resident yelled and when being turned. Nurse #1 this was normal for the n was readmitted to the facility pm during an interview, the nowledged there was no care 20 related to the right hip e care. The MDS nurse further plan should have been updated dinterventions related to the spice care. She further stated the resident had a hip on 7/24/14 at 6:05 pm, the (DON) stated it was her hall nurse to complete an pon the resident's admission or facility. She further stated she to transfer the care plan are guide for the NA's) to have as a reference when e resident. The DON stated it in for the hall nurse to address plaint of pain with medication ntion that may be appropriate. If the interventions were	F 3	09			

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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F 309	appointment on April On 7/29/14 at 4:07 Physician Assistant local orthopaedic of expectation for the resident to attend the appointment on 4/1 plan for the follow uscheduled for April X-rays to see if the PA-C stated if the reat the earlier appointment on the earlier appointment on the earlier appointment on the earlier appointment of the resident or different to the resident the excruciating pain. From the resident to the resident the candidate. During a family intent the Power of Attorn the resident had mit appointment. He stadoctor to keep a childrent to the paid of t	ing to her scheduled follow up fil 15, 2014. pm in an interview, the Certified #1(PA-C) for the ffice stated it was his facility to arrange for the ne scheduled follow up 5/14. The PA-C stated the up appointment that was 15, 2014 was to repeat the re were any changes. The resident would have been seen attent date and changes were ould have been initiated ailure to provide safety stive handling for a resident could result in increased pain splacement of the fracture. He afety measures would include cated extremity and log rolling. am during an interview, the stated his evaluation of the stated his evaluation of the stated there has been a nother condition of the PA-C #1 stated surgery was to help alleviate the pain even was a high risk surgical	F3	09		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION NG		ATE SURVEY DMPLETED	
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F 309	stated he has been seen how much pa when she was bein In a phone interview attending physician for the facility to ha further stated it was to notify him if the rexperiencing pain was regimen. The attenhave ordered pain turning and repositi indicated at the time comfortable. The awas not aware of the orthopaedic offi 15, 2014. He stated facility to honor the Power of Attorney (In an interview on 7 Hospice Case Man of care for Residenhip fracture or pain not reviewed Residneeded revisions of care plan. The facility provided Allegation on July 3 F309 It is the policy of this resident receives a necessary care and the highest practical receives and the highest practical receives a necessary care and the highest practical receives and the highest p	in to visit the resident and has in she was having especially g moved by the staff. In on 7/31/14 at 10:30 am, the stated it was his expectation andle the resident with care. He is his expectation for the facility esident was experiencing still with the current medication ding physician stated he would medication to be given before oning or whatever was e to make the resident tending physician stated he he follow up appointment with ce that was scheduled for April d it was his expectation for the wishes of the resident or		09		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 309	comprehensive ass Corrective Action for Prior to working staff (all but 4 have hospice (100%), we regarding Resident safety precautions a repositioning that a 07/28/14. Hospice again on 07/31/14 to The orthopedic this resident and re orthopedic physicia orthopedic surgeon arthroplasty pending physician, hospice a physician will discuss however, several tire declined to have this each initiated for this Plan Coordinator. Find the Care Guide been updated on 00 resident is exhibiting staff is to notify the appropriate pain into A Nurse to Nurse developed so that the staff providing care each resident. Comvia the Care Guide, and by phone. Charge nurse confassessment & Minds of the Care Guide, and by phone. Charge nurse confassessment & Minds of the Care Guide, and by phone.	or Identified Resident- g a scheduled shift, nursing been in-serviced), including ere in-serviced by SDC #20's hip fracture and the related to turning and re to be observed beginning staff (100%) was in-serviced by the hospice director. appointment was reset for sident was seen by the n on 7/29/2014. The recommended hip g consult with the attending and family. The attending ss this option with the family, mes in the past, the family has	F3	809			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 309	the potential to be All other reside transportation sche ensure there were on 07/30/14 by uni missed follow-up a appointments were appointments were appointments sche All charts were receiving hospice is in place by DoN All residents receiv appropriate hospic The Interim Ca and revised by the that an interim car addresses any typ resident is admitte appropriate care a Charge nurse and notifies hospice. In-services pro on 07/28/14 to lice visualization of pai All nursing sta updates to the car clinical issues via t Sheet and the Car each resident 's re Date of Completion On 7/31/2014 at 5 credible allegation licensed nursing sta	tion of other residents having affected- ent charts and the edule have been reviewed to no other missed appointments to director. There were 5 appointments. Missed e immediately contacted and eduled. The reviewed of residents services to ensure a care plan and unit director on 07/30/14. Ving hospice services have an are care plan. The eare plan has been reviewed ADoN on 07/30/14 to ensure e plan is in place that e of injury, fracture, etc. that a d to the facility with so that the not treatment can be provided. MDS updates care guide and evided by the SDC beginning insed nurses included in signs and symptoms. If will be made aware of any explans related to any pertinent the Nurse to Nurse Report e Guide which is placed in som.	F3	09		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	ITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CO 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	•	
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F 309	the change related residents exhibiting the physician as in credible allegation licensed nurses re the resident 's car their care needs. To care plan would be care guides would be aware of the change of the change of the continued with interelated to the new exchange of information hospice related to the resident 's corollarysis was schedand Saturdays per The facility had no care and assessm provided no evider unlicensed staff or care/complications. The annual Minima 3/30/14 indicated for cognitive impairmed assistance with his except for eating.	The licensed nurses verified to the assessment of g pain and the notification to dicated. Verification of the continued with interviews of garding initiating and updating e plans with any change in the licensed nurses verified the eupdated immediately and the be updated so the NA's would anges. The nurses also the Nurse to Nurse report uplemented for the exchange of ion between the nursing staff. Credible allegation was also enviews of the hospice staff communication form for the nation between the facility and any changes or concerns of addition. The licensed nurses verified the exchange in the nurses also the nurses also the nurses also enviews of the hospice staff communication form for the nation between the facility and any changes or concerns of addition. The licensed nurses verified the exchange in the nurses also the nurses	F3	09		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	LITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	·		
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F 309	residents. A review of the medialysis communication for the staff were to obtain a post blood presson was a place for diabnormal findings any new orders or occurred during the no place on the forany assessment of the staff were to obtain a post blood presson was a place for diabnormal findings any new orders or occurred during the no place on the forany assessment of the care of a dialy a medic and knew a dialysis resident unaware of the fact the care of Resident instructed to follow status sheet locat specific care infor #81's status sheet precautions or assessment. In an interview on stated Resident # and returned on hocenter was expected to often the posterior of they often did not.	edical record revealed the last cation form was completed on st nursing note was completed sident #81. The dialysis rm indicated that the dialysis rm and pre and post weight and sure on Resident #81. There alysis staff to indicate any, treatments, medications or changes that may have be dialysis treatment. There was rm for facility staff to document or monitoring following Resident of facility after his treatment. 7/22/14 at 4:50 PM, nursing stated she was not educated on sis resident but stated she was of the precautions necessary for . NA #1 stated she was cility 's expectation regarding ent #81 but the staff was what was on the resident ed in each resident closet for mation. A review of Resident and no mention of specific sessments for a dialysis rm back with Resident #81 but Nurse #1 stated she did not on the form but the clinic would		309			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI	TIPLE CONSTRUCTION NG			E SURVEY PLETED
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	PROVIDER OR SUPPLIER ND HOUSE REHABILI	TATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP C 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	ODE		
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F 309	When questioned recare she completed treatment, Nurse #7 Resident #81 down In an interview on 7 Director of Nursing nurses sent the dia dialysis with Resided documented any cliblood pressure or inform so the facility sneeded monitoring management, compregarding a dialysis that if there was a sa dialysis treatment reported it to the assent in an observation on Resident #81 was a returned from dialysis dry dressing to his laroused and appear. In an interview on 7 stated she had not facility about the cacare a dialysis resident #81 's resident #81' s resident #81' s resident #81 was a had a dialysis shum resident #81 would that information basing to the resident #81 would that information basing to the resident #81 would that information basing the recars the resident #81 would that information basing the resident #81 would that information basing the resident #81 would that information basing the resident #81 would the recars the recars the recars the resident #81 would the recars th	omplication with Resident #81. egarding any dialysis specific of for Resident #81 after a stated the aides would lay and offered him dinner. If 22/14 at 5:00 PM, the (DON) stated that the floor lysis communication form to ent #81 and the dialysis staff nical events like a drop in his effiltration of his shunt on the staff could follow up with the DON was unaware of the colications or emergencies resident. The DON stated epecific monitoring need after the dialysis clinic called and signed nurse on the hall. In 7/22/14 at 5:10 PM, observed in bed. He had just sis. There was an observed eft lower arm. He was easily	F3	09			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 309	lower forearm. He was unable to have a multiple to have a multiple in an interview on 7 stated she unaware hand complications. In an interview on 7 stated resident #81 and she made sure form went with him treatment. Nurse #8 second shift and the sure form went second shift and the sure form went with him treatment.	ge 49 dressing observed to his left was pleasantly confused and eaningful conversation. 23/14 at 9:00 AM, NA #3 how to care for dialysis shunt low to manage emergencies 2/24/14 at 9:00, Nurse #2 went to dialysis on her shift the dialysis communication in his lunch bag for each 2 stated he returned on the second shift nurse would urned with him. Nurse # 2	F 309			
	his treatments and shunt prior to the man interview on 7 administrator stated staff to assess any monitoring for bleed dialysis treatment of management of pocompilations of a dialysis treatment of the management of pocompilations of a dialysis treatment of pocompilations of a dialysis treatment of pocompilations of a dialysis treatment of the management of pocompilations of a dialysis treatment of the management of the man	eASE/PREVENT DECREASE TION Trehensive assessment of a remust ensure that a resident of motion receives ent and services to increase d/or to prevent further	F 318	3		8/12/14

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345353 B. WING	07/31/2014
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOUSE REHABILITATION AND HEALTHCARE STREET ADDRESS, CITY, STATE, ZIP CO 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	
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F 318 Continued From page 50 F 318	
This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews and record review, the facility failed to provide restorative services to prevent further decline in a resident (Resident #81) with a right hand contracture for 1 of 2 residents reviewed for limited range of motion (ROM). Findings included: Resident #100 was admitted to the facility 01/06/12 with diagnoses of cerebral vascular accident (CVA). The quarterly Minimum Data Set (MDS) dated 5/30/14 indicated Resident #100 was cognitively intact with impairment in ROM in his upper and lower extremity on one side and received restorative passive ROM 6 times per week. A review of the medical record did not include a the care plan addressing the Resident #100's ROM limitations or any physician orders for restorative services. The only baseline information available in the medical record regarding the right upper extremity (RUE) was dated 01/03/12 which indicated Resident #100 had increased tone to RUE and he would benefit from a long term progressive rehabilitation. In an observation on 07/21/14 at 2:00PM, Resident #100 was noted to have a right hand contracture. He was able to use his left open to open his right hand but stated it was painful and "tight". Resident #100 stated he was not receiving any services for his right hand contracture but he had received restorative services in the past. He stated he could not tell if the contracture had worsened since his	ent with a lives ervices to d/or to range of s now Motion Resident plan in place measures for the restorative have been er residents to popriate ROM M/restorative place needs.

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F 318	rehabilitation direct not picked up for or referred to restoral screening complete change in his functinitiated restorative #100's right hand changed it to pass all ROM in June. On 07/23/14 at 8:3 (DON) stated she identify any contrashe thought restor being provided for #100's right hand In an interview on Nurse #2 stated sl discontinuing restor #100 but she verif 05/30/14 MDS as In an interview on Nurse #1 stated if for a known right have been a thera orders and a plan. In an interview on restorative aide stated ROM to Resident 106/03/14 when the services. She states revices were storative aide and services were storative and her about 105/100 process.	07/22/14 at 3:25 PM, the tor stated Resident #100 was occupational services or tive services based on his last ted on 04/29/14 indicating no tional status. MDS Nurse #2 active ROM for Resident contracture in April then live ROM in May and stopped 80AM, the Director of Nursing relied on therapy services to cture management needs and ative services were currently passive ROM to Resident contracture. 07/23/14 at 10:30 AM, MDS needid not recall initiating or prative services for Resident led she coded his quarterly receiving passive ROM. 07/23/14 at 10:30 AM, MDS Resident #100 required ROM nand contracture, there should py evaluation with written	F3	schedule. * A Restorative Nursing held weekly to discuss receiving ROM/restoral services to ensure apporturing services are betoe a Restorative Care plan needed to reflect ROM services. * Nurse Consultant insures and restorative aregarding expectations facility' srestorative nurse and procedure. Quality Assurance: * The DoN and/or design routine therapy screens residents exhibiting dereceiving appropriate in This will be done week monthly for four month quarterly thereafter. * Results of the audit with the DoN at the monthly Committee meeting. A noncompliance will be determine when they occurred and why they responsive action will to	all residents tive nursing ropriate restorative in a responsive in a restorative in a restorative in a related to the restorative in a related to the restorative in a related to the restorative in a related in a r	orative .ed as orative /14 e am it the ny is rvices. eks; ngoing d by urance of	

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F 318	fingers. The restora there was a decline his right hand contr longer working with	his hand and stretch his ative aide could not verify if in ROM to Resident #100's acture since she was not	F 31	8		
F 431 SS=D	administrator stated any resident with a services to maintain prevent ROM declir 483.60(b), (d), (e) D	d her expectation would be for contracture to receive n present level of function and ne.	F 43	1		8/27/14
	a licensed pharmac of records of receip controlled drugs in a accurate reconciliat records are in order	nploy or obtain the services of cist who establishes a system at and disposition of all sufficient detail to enable an tion; and determines that drug r and that an account of all maintained and periodically				
	labeled in accordant professional princip appropriate access	als used in the facility must be ace with currently accepted bles, and include the ory and cautionary e expiration date when				
	facility must store a locked compartmen	State and Federal laws, the II drugs and biologicals in ts under proper temperature to only authorized personnel to keys.				
		ovide separately locked, I compartments for storage of				

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	ROVIDER OR SUPPLIER D HOUSE REHABIL	ITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301		
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	Comprehensive Dr Control Act of 1976 abuse, except whe package drug distri	ted in Schedule II of the ug Abuse Prevention and and other drugs subject to the facility uses single unit bution systems in which the hinimal and a missing dose can	F 43	31		
	by: Based on observa interviews, the facil medications from 2 cart #1, C Hall cart The findings includ 1) An observation of on 7/22/14 at 4:20 medications stored Expired Medication Medication #1: An expired vial of Noresident #69 was soon The insulin was undispensed by the polate of 3/04/14. Medication #2: An expired vial of Noresident #61 was soon The insulin was undispensed by the polate of 3/04/14.	ed: of the A Hall medication cart #1 PM revealed the following on the cart were expired:		It is the policy and normal pract facility to label drugs and biolog accordance with currently acceprofessional principles and incluappropriate accessory and cautinstructions and the expiration capplicable. Affected Areas: * The unopened expired insulin immediately removed from the #1 and C Hall Cart #1 and return pharmacy. Other Areas: * The other six medication carts checked for dates past the mar recommended use by date. No items were found in any of the constructions.	icals in oted ude the ionary date when vials were A Hall Cart ned to	

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F 431	The insulin was undispensed by the pdate of 1/04/14. To date of 1/04/14. To date stamped on the this vial was also expiration date. The manufacturer's unopened vials or refrigerated prior to refrigerated, vials refrigerated, vials redays." An interview was cassigned to the AF at 4:30 PM. During that it was her und of Novalin-R insulin medication cart. See thought unopened on the medication days after the vial removed the expired cart. 2) An observation on 7/22/14 at 4:30 medication stored Expired medication An expired vial of Nuse by resident #2 cart. The insulin was dispensed by the on date of 6/13/14. The manufacturer's the property of the part of the property of the prop	tored on the medication cart. opened in the package as harmacy with a dispensed on the manufacturer's expiration his vial was 5/14, consequently expired by the manufacturer's so product information indicated, if Novalin-R insulin are to be opening " and " if not may be stored for use within 28 onducted with the nurse hall medication cart on 7/22/14 of the interview Nurse #3 stated erstanding that unopened vials in were to be stored on the he further stated that she insulin stored unrefrigerated cart would not expire until 28 was opened. She promptly ed insulin from the medication of the C Hall medication cart #1 PM revealed the following on the cart was expired: 1. #4: Novalin-R insulin labeled for 7 was stored on the medication as unopened in the package e pharmacy with a dispensed	F 4	DoN beginning 08/07/2014 refresher training with Nurse discarding procedures for e items/products. * Night shift will continue to carts and storage areas for dates on a daily basis. * The QA nurse and/or designed check carts and storage are expiration dates. * All unopened insulin vials in the refrigerator and will concected on a weekly basis expiration date. * Pharmacy will continue to medication carts and storage monthly basis. Quality Assurance: * The QA nurse and pharma will continue to check the m and storage areas on a mor report findings to the DoN. * DoN/or designee will repor monthly to the Quality Assur Committee (QAA) for four n monitor effectiveness of the instances of noncompliance analyzed to determine wher occurred; how they occurred occurred and responsive act taken.	es regarding xpired check the expiration gnee will also eas weekly for are now store ontinue to be for an check the ge areas on a secy consultare edication can onthly basis are rt findings rance nonths to e plan. Any e will be a they d and why they d and why they	ed at ts ad

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F 431	refrigerated prior to refrigerated, vials mays." An interview was consigned to the C Hat 4:38 PM. During insulin should be knopened. She prominsulin from the me. An interview was conpharmacist on 7/22 interview she stated that Novalin-R insuling when it comes in frostated that Novalindays unopened on insulin dispensed of the unrefrigerated rexpired.	opening " and " if not hay be stored for use within 28 onducted with the nurse stall medication cart on 7/22/14 the interview Nurse #1 stated ept in the refrigerator until it is ptly removed the expired dication cart. Onducted with the facility //14 at 5:05 PM. During the diction the facility policy indicated lin be placed in the refrigerator om the pharmacy. She further R insulin can be kept for 28 the cart. She stated the n 6/13/14 which was stored in medication cart would be	F 43	31		
F 497 SS=D	administrator and the PM. During the interest and the DON stated and their expectation insulin be stored in They both agreed the which had been stored in medication cart were disposed of. 483.75(e)(8) NURS REVIEW-12 HR/YF		F 49	97		8/22/14

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F 497	reviews. The in-se sufficient to ensure nurse aides, but mu per year; address a determined in nurse and may address the as determined by the aides providing sercognitive impairment the cognitively impairment the cognitive impai	the outcome of these rvice training must be the continuing competence of ust be no less than 12 hours areas of weakness as a aides' performance reviews he special needs of residents he facility staff; and for nurse vices to individuals with hots, also address the care of aired. NT is not met as evidenced eview and staff interviews, the vide 1 of 1 nursing assistant reservice training annually (NA led: Oloyee information report is hired on 6/18/13. The NA do not reflect NA #4 had is of in-service training on pm, the staff development is the did not have in-service need the amount of training deceived. In the outcome of these reviews are serviced to the amount of training deceived. In the outcome of these reviews are serviced to the amount of training deceived.	F 497	F497 It is the policy and practice of this fato provide regular in-service educated. The in-service training provided is sufficient to ensure continuing competence of nurse aides, and is than 12 hours per year. Affected Areas: * Review of in-service attendance of track for achieving the required 12-of annual in-service training. The individual record sheet has been up accordingly. C.N.A. #4 s inservice records were reviewed and revealed the following. * C.N.A. #4 s hire date was 6/18/2. * C.N.A. #4 received 5.25 hours of inservice during orientation on such	ecords on hours odated eg:	

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F 497	Continued From pa	age 57	F 4	as resident rights, blood infection control, etc. * The Inservice Calenda 12/30/2013 was reviewed approximate times of ea added to the Master Inservice and the Attendar revealed that C.N.A. #4 additional hours of inser 8/8/13-12/30/13 which efrom 6/18/13-12/30/13. * The Inservices conduct 2/21/14-5/26/14 were alservealed that C.N.A. #4 additional 3 hours and 5 inservice to equal 11 hour minutes of inservice bet 5/26/14. * An additional one hour provided to C.N.A. #4 be and 8/20/14 to equal 12 and 20 minutes) * The inservice attendar C.N.A. #4 are now up to and are being tracked at to ensure the required n inservice hours are met.	r from 8/8/2013- ed and ech inservice was ervice Sheet nce Sheets had at least 2 vice from quals 7.25 hours eted from so reviewed and attended an 5 minutes of urs and 20 ween 6/18/13 and of inservice was etween 7/30/14 + hours (12 hours are records of date and current fter each inservice umber of		
				* All in-service attendance reviewed to ensure other in-service records accurately their completed hours to their required 12-hours of in-service training.	r C.N.A.□'s ately reflected ensure achieving		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	ITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE 1700 PAMALEE DRIVE FAYETTEVILLE, NC 2830	E, ZIP CODE	• ··· - • · · ·	
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F 497	Continued From pa	age 58	F 4	Systemic Changes: * The duration of an inbeing recorded on the and training records. * The form utilized to the member □'s in-service on an individual basis. * The DoN provided of training to the nursing regarding policy and prin-service attendance records. * The SDC is reviewing a monthly basis to monat least 12-hours of comper year. In the event complete their require of each calendar year scheduled to work unthours are completed. * The inservice attend now being tracked foll inservice to ensure the of inservice hours are tracked on a yearly bathrough December. * The SDC will notify a who is behind in requise the sold will notify a who is behind in requise the sold both the sold will notify the sold behind in selection in the sold will notify the sold behind in selection. * The SDC will notify the sold behind in selection in the sold behind in selection in the sold behind in selection in the sold behind	e attendance sheets crack each staff e attendance/hours was revised. n 7/22/14 refresher clerk and SDC procedures regarding sheets and time g these records on mitor completion of pontinuing education someone does not d hours by the end they will not be till their remaining ance of all staff is owing each required number being met. Ill staff are being asis from January any staff member red inservice hours rvices can be the Administrator follow up of any staff d on the required		

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F 497	Continued From pa	ge 59	F 4	* The DoN and/or designation-service records monthly in-service records are conduration of the in-service all in-services. This will be ongoing basis. *Results of the audit will be quarterly at the monthly Committee meeting. Any noncompliance will be an determine when they occoccurred and why they occoccurred and why they occoses action will be an exponsive action.	ly to ensure mplete and is indicated be done on a correct Quality Assured instances of calyzed to courred; how becurred and	that the I for an trance of	