

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/06/2014
NAME OF PROVIDER OR SUPPLIER CRABTREE VALLEY REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff and resident interview, and observations, the facility failed to honor resident ' s request for psychology counseling for 1 of 1 resident (Resident #1). Findings included:</p> <p>Resident #1 was admitted to the facility on 01/15/13 with diagnosis that included anxiety, panic disorder, depression, and chronic pain, and was admitted to palliative care services on 04/22/14. The resident was care planned on 06/19/14 for psychotropic drug use with approaches to treatment that instructed nursing staff to administer medications as necessary, assess for adverse drug effects, monitor for movement/mood/decline in activities of daily living/appetite/behavior, assess for dehydration/dry mouth/constipation/dizziness, provide safety measures as needed, provide social services consultation, and provide for psychiatry consultations. The resident was determined to be cognitively intact per the Minimum Data Set dated 06/16/14.</p> <p>Resident #1 was interviewed on 08/06/14 at 1:20 PM. The resident stated that she was not</p>	F 242	<p>Crabtree Valley Rehab, LLC acknowledges receipt of the statement of defeciences and proposes this plan of correction to the extent that the summary of findings is factual and correct in order to maintain compliance with applicable rules and provisions of quality care to our residents. The plan of correction is submitted as a written allegation of compliance.</p> <p>Crabtree Valley Rehab, LLC response to the statement of deficiencies and plan of correction does not denote agreement with the statement of deficiencies nor does it constitute an admission that any stated deficiencies in this report are accurate.</p> <p>Crabtree Valley Rehab, LLC reserves the right to contest the survey findings through informed dispute resolution, formal appeal proceeding or any administrative or legal proceedings.</p> <p>1. Once notified of the allegation in</p>	8/20/14	

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

TITLE

(X6) DATE

Electronically Signed

08/24/2014

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

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F 242	<p>Continued From page 1</p> <p>satisfied with the services provided by psychiatrist because they did not provide counseling. She stated that she requested psychology consults to her primary care physician several times within the past few months but the arrangements have not yet been made.</p> <p>No documentation was found in the progress notes with Resident #1 ' s primary care provider about psychologist counseling, however the progress note (located in the medical record) from the resident ' s palliative care provider dated 04/22/14 stated "(resident) reported psychiatrist does visit but does not provide counseling. She is interested in counseling, psychologist. "</p> <p>The facility ' s social worker was interviewed at 1:50 PM on 08/06/14. She stated that she was unaware of the resident ' s desire to have psychology services. She confirmed that the facility ' s contracted psychiatry services do not include counseling, and further stated that counseling would be done by psychology services.</p> <p>Nurse #1 was interviewed at 2:00 PM on 08/06/14. She denied knowing anything related to the resident ' s desire to have psychology consults.</p> <p>The Director of Nursing (DON) was interviewed at 2:30 PM on 08/06/14. She stated that she was also unaware of the resident ' s desire for psychologist services. The DON further stated that the palliative care provider had a responsibility to arrange for psychology consult and agreed that it was not done. The DON stated that she expected nursing staff to have read all consults as they are put in the medical record.</p>	F 242	<p>regards to resident #1, the social worker met with the resident as well as the palliative care nurse. A referral was submitted to Newleaf Behavioral Health for counseling services for resident #1. Social worker will continue to contact Psychological Services (Newleaf) until appointment is established. Social worker will report to MD and administrator status of apt date and time. Social worker will meet with resident #1 to inform status of appointment date/time.</p> <p>2. Social Worker, DON and administrator held a meeting with the palliative care company on August 19, 2014. Palliative nurse will meet with DON or designee after each visit to review current status and discuss any/all recommendations the provider makes. MD will be notified of any/all recommendations. DON/designee will follow up 24 hours of recommendation(s) to determine status.</p> <p>3. Nurses and social workers were in serviced on 08/19/2014. Nurse(s) to meet with the Palliative Nurse after each visit to review any recommendations. Nurse will add to the 24 hour report any recommendations/changes made for the Palliative residents(s) Palliative Care Nursing visits will be reviewed during morning clinical meetings Monday thru Friday and as needed.</p> <p>4. The DON/designee will audit Palliative Nurse visits and 24 hour reporting at a minimal of weekly for 4 weeks. Findings will be reported to the QA committee on a</p>		

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

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F 242	<p>Continued From page 2</p> <p>She indicated that, in this case, she thought that the nursing staff may have simply scanned for changes in care and medications and had not read the consult in its entirety. She further stated that the final goal for Resident #1 was to eventually transition her to hospice care because of her poor prognosis and that psychology services would be beneficial for her. She stated that her expectation of any provider of the facility ' s residents was to instruct nursing staff to complete what he/she may not be able to arrange for.</p> <p>Resident #1 ' s primary care provider was interviewed by telephone on 08/06/14 at 2:50 PM. He stated that he also was not aware that the resident had requested psychology counseling and that he believed that counseling would be beneficial for Resident #1. He stated that he would have ordered the psychology consult immediately if he had been aware of the request. He further stated that notes from the palliative care provider were sent to him to be reviewed and signed but he did not recall seeing anything about psychological counseling.</p> <p>The palliative care provider, who authored the progress note on 04/22/14, was unavailable for an interview however the triage nurse at the palliative care service center was interviewed on 08/06/14 at 3:20 PM. She stated that she would expect the palliative care providers to make a recommendation for the counseling service but not order one without a physician ' s approval. She stated that the physician would then be responsible for arranging for the consult.</p>	F 242	minimal monthly basis for the next 3 months. The QA committee will determine the duration of future audits.		