

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/16/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WOODLANDS NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, facility, physician, pharmacist and resident interviews, the facility used an anti dandruff shampoo that contained anti fungal medication to treat facial razor bumps which was against manufacturer recommendations for use causing cellulitis/chemical burns to the face for 1 of 3 residents reviewed (Resident #50).</p> <p>The findings included:</p> <p>According to the manufacturer's instructions for anti dandruff shampoo with selenium sulfide, "Avoid getting this medication into your eyes, inside your nose or mouth, or on any areas of broken/inflamed skin since it may cause irritation. If this occurs, flush the area with plenty of water. Rinse thoroughly. Do not leave this medication on your hair, scalp, or skin for a longer period or use it more often than directed. Your condition will not clear faster, but side effects may be increased. A very serious allergic reaction to this drug is rare. However, seek immediate medical attention if you notice any symptoms of a serious allergic reaction: rash, itching, swelling (especially of the face/tongue/throat), severe dizziness,</p>	F 323	<p>Woodlands Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiency and proposed the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents. The plan of correction is submitted as written allegation of compliance.</p> <p>An order was obtained on October 7th, 2014 from the MD by the Director of Nursing Services for resident #50 for treatment to his face as follows: apply silvadene cream to face twice daily. Pt was assessed by Dr. Khurana and placed on antibiotic treatment. A dermatology appointment was made for October 27th, 2014 and attended by resident #50 without new orders or treatment, recommendations by physician to follow up as needed, no concerns at this time.</p> <p>100% skin audits on current residents were completed by the DON and</p>	11/6/14
---------------	---	-------	--	---------

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/06/2014
---	-------	--------------------------------

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2014
NAME OF PROVIDER OR SUPPLIER WOODLANDS NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 1 trouble breathing."</p> <p>Resident #50 was admitted to the facility on 7/15/2009 with medical diagnoses including chronic airway obstruction. The most recent quarterly Minimum Data Set dated 8/9/2014 documented the resident was cognitively intact.</p> <p>Review of an electronically signed nurse's notes by Nurse #3 dated 9/28/14 read "resident skin assessed today. Resident has hair bumps located on his cheeks, areas not open, resident with no open areas noted." Further review of a nurse's note by Nurse #3 dated 10/4/14 at 4:01 pm read in part "resident complained of (c/o) left side jaw pain due to bumps on his face. Medical Doctor (MD) was notified by RN (Registered Nurse) supervisor. MD stated he would be in the facility tomorrow and assess resident's face then. PRN (as needed) medication has been administered to resident. Resident stated area (bump) next to his lip hurts."</p> <p>On 10/15/14 at 2:14pm during an interview, Nurse #3 stated the areas initially presented as hair bumps on 9/28/14. She stated the resident complained of pain to the areas at the time. Nurse #3 stated she medicated Resident #50 with Percocet for pain and applied bactroban topically to the affected areas. She further stated if she had applied the ointment or administered the Percocet for pain, the medications would be documented on the Medication Administration Record. Review of the September 2014 Medication Administration Record (MAR) revealed an order for Percocet one tablet by mouth every six hours as needed for pain in limb. The same MAR did not reveal documentation of administration of Percocet for 9/28/14 to Resident</p>	F 323	<p>administrative clinical team to determine if any other areas of concern were noted. Outcome of the audit revealed no unknown skin issue. 100% audit of all treatment orders on current residents were reviewed to ascertain if any orders were missing as it related to the type of treatment being administered. No missing orders were found during this audit.</p> <p>All new admissions have the potential to be affected by the deficient practice. All admissions within the past 30 days were reviewed by the administrative nursing staff for absence or delay in obtaining treatment orders related to any identified problem skin area. Any resident found to have inadequate orders will be addressed immediately by notification of physician for appropriate orders.</p> <p>Treatment nurse was received disciplinary action by the DON for using a treatment without first obtaining a physician and for leaving a treatment at the bedside without a self-administration of medication assessment being completed in addition to having a physician's order allowing such treatment to be left at bedside. All Licensed nurses were re-inserviced with regards to not administering any medication or treatment to a resident without first obtaining a physician's order. In addition, all licensed nurses were re-inserviced on leaving treatments and/or medications at the bedside without the following being completed; 1) An order from the physician for such medication</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2014
NAME OF PROVIDER OR SUPPLIER WOODLANDS NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 2</p> <p>#50. Further review of the September 2014 Treatment Administration Record (TAR) revealed the order for Bactroban was discontinued on 9/20/2014. Nurse #1 further stated that when she returned to work on October 4, 2014, Resident #50 continued to have the bumps on his face with a black shadow appearance and was complaining of increased pain. She stated Resident #50 stated the green cream the facility had been applying was not working. Nurse #3 stated she informed nursing supervisor (Registered Nurse #1) of the resident's complaints and condition.</p> <p>Review of the physician visit dated 10/5/14 read in part "The patient has had a facial rash and darkening over the past week. Apparently some cream was placed on his face, he is not sure and it got acutely worse. He was having an open area on the left cheek area, but that seemed to clear up. There were some bumps, but then after some cream, he tells me was placed on him, he got this tightening and dark rash. It is starting to peel off in front of me at this time. He tells it does burn and he does feel a little swollen." Further review of the physical exam read in part "facial area reveals the peeling dark areas with a small lesion in the left cheek area, minimally tender. There is some thickness to the facial lesion, but it is throughout the entire face, but sparing the lips and nose."</p> <p>Review of the physician order dated 10/5/14 read "D/C (discontinue) all topicals to face, Dicloxacillin (antibiotic) 500mg (milligrams) po (by mouth) qid (four times a day) for 10 days, 3) Prednisone 20mg po daily X 7 days, diagnosis: cellulitis face and facial rash. Review of a physician order dated 10/6/14 read "Apply Bactroban to affected areas of face bid (twice a day) x 10 days for infection.</p>	F 323	<p>and/or treatment to be left at the resident's bedside; 2) and, completion of the Self Administration of Medication Form to ascertain the resident's ability to self-medicate.</p> <p>All orders and the 24 hour reports will continue to be reviewed by the administrative nursing staff 5 x per week during the facility clinical morning meeting for new treatments, or new areas of concern. Any issues of non-compliance will be immediately addressed by the nursing administrative and the plan revised if needed with appropriate staff re-inserviced by the DON, or appropriate designee.</p> <p>Outcomes of the order and 24 hour report review will be discussed during the morning administrative team meeting 5 x week for 4 weeks followed by; weekly x 4 weeks, and as needed. The weekly monitoring will be followed by monthly monitoring x 6 months during the facility monthly QA meeting, and as needed. Outcomes will be brought to the meeting by the DON, or appropriate designee, for discussion by QA committee members. Any discussion and/or modifications to the plan will be recorded in the QA meeting minutes. Following the monthly QA committee monitoring, the monitoring will become part of the facility Quarterly QA committee meetings for a period of 2 quarters, and as needed. Any discussion and/or modifications to the plan will be recorded in the QA meeting minutes. Non-compliance with the plan will require</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2014
NAME OF PROVIDER OR SUPPLIER WOODLANDS NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 3</p> <p>Review of a physician order dated 10/6/14 read "Silvadene 1% apply to affected areas of the face bid and 2) Dermatology consult."</p> <p>Review of a written statement dated 10/6/14 by Treatment Nurse #2 read in part "This nurse observed (Resident #50) to have darkened areas intermingled with reddened areas as well as swelling to both cheeks and lower earlobes. This patient complained of extreme pain this am and was medicated with prn Percocet. The areas to this patient ' s face appeared to be " chemical burns." Over the past week I as well as other staff members have observed this patient wearing a green solution (which was in a medicine cup) all over his cheeks and leaving it there, allowing it to dry. He stated it was given to him by the treatment nurse. When questioned, (Treatment Nurse #1) stated the resident had been assessed by the wound care doctor who was providing treatment. It wasn't until today upon seeing the resident ' s face in this condition that I (Treatment Nurse #2) questioned the accuracy of this treatment. I saw the wound care doctor in the facility making rounds, so I asked him what he had prescribed for Resident #50's face particularly that of which was green in color. I first had to refresh his memory as to who (Resident #50) was and after typing in his computer to look up the information, he stated he had not formerly "seen" (Resident #50). I then found Treatment Nurse#1 and questioned her as to what she had been putting on Resident #50's face. She stated (anti dandruff shampoo), " it was something I was trying but it's not working so we're going to do something else." I checked the patient's chart and found no orders for (anti dandruff shampoo), only for bactroban. I immediately reported these findings to the Assistant Director of Nursing and</p>	F 323	<p>the QA Committee members to determine route cause of the non- compliance before any revision can be made to the plan. Once revised, re-inservicing of appropriate staff by DON, or appropriate designee, will be required; any revision to the plan will require the monitoring process to begin again at 4a.</p> <p>Submission of additional information:</p> <p>Additional information is required for an acceptable Plan of Correction. What was the outcome of the audit for the new admissions? How many issues or what type of issues were identified as a result? What do you mean by rein-serviced? When were nurses initially in-serviced?</p> <p>The new admissions audit consisted of those residents admitted between 15th September 2014 and 15th October 2014. There were no issues identified regarding the absence or delay in obtaining wound/skin treatment orders.</p> <p>The rein-service regarding no medications creams, lotions, or ointments (i.e. preparations of any kind that are medicated) are to be applied without a doctors order, that was given on 15th October 2014 referred to the existing Physicians Medication Order Policy stating Medications shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this State.</p>		

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

PRINTED: 11/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2014
NAME OF PROVIDER OR SUPPLIER WOODLANDS NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 4</p> <p>Director of Nursing. Note: This patient had been applying the (anti dandruff) to his entire cheeks and letting it dry/not washing it off from day to day per his statement and the observations of staff members."</p> <p>Review of an electronically signed nurse's note by the Treatment Nurse #2 dated 10/6/14 at 11:29 am read in part "patient has ordered ABT (antibiotic) for the face which will be initiated once it arrives from the pharmacy. Also receiving prednisone for facial swelling which he has tolerated well without side/adverse effects noted. Patient complained of facial pain and is being medicated with prn Percocet at this time." Review of a nurse's note by the Treatment Nurse #2 dated 10/7/14 at 9:44am read in part "bilateral face, chin, upper lip and earlobes continue with dark areas intermingled with red areas of excoriation/irritation for which patient complained of pain. Receiving po ABT/Prednisone/topical ointment/cream which is tolerated well without side/adverse effects noted."</p> <p>During an interview on 10/16/14 at 10:11 am, Treatment Nurse #2 verified her written statement. She stated chemical burn meant dark, thick areas where the skin had died. She further stated the resident was complaining of extreme pain to the facial area. Treatment Nurse #2 stated the resident did not usually complain of pain. She stated she verified with Treatment Nurse #1 that the green solution was anti dandruff shampoo. An attempt was made to contact Treatment Nurse #1 on 10/15/14 at 4:00 pm which was not successful. A second attempt was made on 10/16/14 at 12:26 pm to contact Treatment Nurse #1 which was not successful. Treatment Nurse #1 was no longer employed by the facility.</p>	F 323			

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

PRINTED: 11/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2014
NAME OF PROVIDER OR SUPPLIER WOODLANDS NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 5</p> <p>On 10/15/14 at 11:15 am an observation was made of the Treatment Nurse #2 applying bactroban cream to an open lesion to the top of the nose and the right lower chin area. Three other small grayish colored lesions with skin intact were noted to the right outer chin area.</p> <p>During an interview on 10/15/14 at 10:15 am, Resident #50 stated the staff had been putting a green cream on his face which burnt him. He stated he was feeling itching and burning. Resident #50 further stated he has required pain medication for the pain to his face. He stated the nurse that was putting the cream on his face was no longer employed by the facility.</p> <p>In an interview on 10/15/14 at 11:32 am, Nursing Assistant (NA) #1 stated she has been shaving Resident #50 over the past few years. She further stated she observed peeling of the resident's skin on both sides of his cheeks extending down to the hairline of the beard.</p> <p>In an interview on 10/15/14 at 3:07 pm, the RN (Registered Nurse) supervisor stated she visited the facility on 10/2/14 around 5 pm at which time seen the resident with a greenish discolored cream on his face in the hairline area. She further stated the resident had some opened areas on his face. She stated Resident #50 was complaining of facial pain. She further stated she did not know what the green discolored cream was and that she did not assist the resident with cleaning his face.</p> <p>In an interview on 10/15/14 at 5:30 pm, the Director of Nursing (DON) stated she was informed on 10/6/14 of the allegation of</p>	F 323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2014
NAME OF PROVIDER OR SUPPLIER WOODLANDS NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 6</p> <p>"chemical burns" to Resident #50's face. She further stated she was informed that Treatment Nurse #1 had applied anti dandruff on the resident's face. The DON further stated she assessed the resident at the time the allegation was reported to her. She stated the resident's skin on his face was blackened and hardened. She stated she felt like Treatment Nurse #1 applied the anti dandruff shampoo to the resident's face to help the resident.</p> <p>During an interview on 10/16/14 at 10:37 am, the Assistant Director of Nursing (ADON) stated she had observed Resident #50 with a green creamlike substance on his face on two different occasions. She stated she did not know what the green substance was on the resident's face and that she did not assist the resident with washing his face. She further stated it was reported to her by Treatment Nurse #2 that the resident was experiencing pain as a result of the application of the green creamlike substance. The ADON stated Resident #50's lips were swollen when she assessed him on 10/6/14. She further stated she recalled being informed the resident had suffered chemical burns as a result of the green creamlike unidentified substance.</p> <p>In an interview on 10/16/14 at 11:39 am, the Transportation Director stated she had seen the resident with a green substance on his face on multiple occasions. She further stated she recalled Resident #50's face had a brown film of peeling skin on Monday, October 6, 2014. She further verified the resident had a dermatology appointment scheduled for October 27, 2014.</p> <p>On 10/16/14 at 11:46 am during an interview, the facility pharmacist stated anti dandruff shampoo</p>	F 323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2014
NAME OF PROVIDER OR SUPPLIER WOODLANDS NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 323	<p>Continued From page 7</p> <p>should not be applied to broken or irritated skin. She further stated anti dandruff shampoo could cause further irritation to broken or irritated skin.</p> <p>During an interview on 10/16/14 at 11:54 am, NA #2 stated she recalled the resident having a bluish green cream on his face. She stated she did not assist the resident with washing his face because she thought it was something the nurse had put on the resident's face. She further stated the next time she seen the resident his face was all dark.</p> <p>In an interview on 10/16/14 at 12:01 pm, NA #1 stated she recalled the resident had a bluish green substance on "those sore areas on his face." She stated she did not recall how many times she had seen the resident with the bluish green unidentified substance.</p> <p>On 10/16/14 at 12:10 pm in an interview, the attending physician stated he was informed that a green cream was used on the resident's face. The physician stated he did not prescribe anti dandruff shampoo for Resident #50. He further stated anti dandruff shampoo with selenium sulfide should not have been used on an area of broken skin because it could cause further irritation. The attending physician stated Resident #50 did have an open lesion on his face on examination on 10/5/14. The attending physician further stated it was his expectation for the nurse to notify him to get an order before using a medication or treatment for any resident.</p>	F 323			