

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

PRINTED: 06/11/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345505	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/14/2015
NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF CUMBERLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interview with staff and the resident ' s responsible party (RP) and record review the facility failed to cover a urinary drainage collection system for 1 of 2 sampled Residents (Resident #330) reviewed with an indwelling urinary catheter.</p> <p>Findings included:</p> <p>Resident #330 was admitted on 5/6/15 with diagnoses that urinary retention that had required the use of an indwelling urinary catheter and sepsis. While in the nursing home, the resident developed a urinary tract infection.</p> <p>The 5/6/15 Nursing Admission Assessment indicated Resident # 330 was alert to person, place, time and situation. The nurse documented the resident made comments that seemed out of place with the conversation. Mood was described as angry, resistive with disorganized thinking.</p> <p>Nurse ' s notes for 5/11/15 indicated Resident #330 was confused and combative.</p> <p>Observations were made on 5/13/15 at 3:00 PM, 5/14/15 at 9:30 AM and on 5/14/15 at 12:24 PM. The catheter bag was uncovered and hanging on the side of the bed.</p>	F 241	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>F. 241How the corrective action will be accomplished for the resident(s) affected: Resident #330 no longer resides at facility. Completion date 06/11//2015</p> <p>F.241 How corrective action will be accomplished for those residents with the potential to be affected by the same practice: The DON and or designee will audit all residents with Urinary drainage collection systems for either the Fig Leaf Catheter bag or dignity cover Monday-Friday for 4 weeks, Bi-Weekly X</p>	6/11/15	

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

TITLE

(X6) DATE

Electronically Signed

05/28/2015

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 241	Continued From page 1 On 5/14/15 at 12:24 PM, the RP was interviewed. She stated she visited Resident #330 daily had not observed the catheter covered. Nursing Assistant (NA) #1 was interviewed on 5/14/15 at 12:59 PM. The NA confirmed she was assigned to care for Resident #330. The NA stated she had been taught to cover the urinary drainage system so the urine would not be exposed. The NA stated she thought the bag was covered. At 1:06 PM, the NA observed the urinary drainage system uncovered. She acknowledged the urinary collection system was to be covered at all times. There was no explanation as to why she had not covered it that day. Nurse #3 was interviewed on 5/14/15 at 1:15 PM. She stated nurses and NAs were taught to keep the urinary drainage system covered at all times to provide privacy and maintain the resident ' s dignity. The nurse added it was the responsibility of the NA to make sure the urinary drainage system remained covered. The nurse observed the bag to be uncovered and stated she would immediately cover the urinary drainage system. On 5/14/15 at 2:55 PM, the Director of Nursing stated urinary catheter collection systems should be covered at all times.	F 241	4 weeks, and weekly X 4 weeks. Results will be reviewed at weekly Quality Assurance Risk meeting for further problem resolution. The Staff Development coordinator will educate all current Licensed Nurses on use of ¿Fig Leaf¿ Catheter bag or dignity cover. Completion date is 06/11/2015 F.241 Measures in place to ensure practices will not re-occur: The DON and or designee will audit all residents with Urinary drainage collection systems for either the ¿Fig Leaf¿ Catheter bag or dignity cover Monday-Friday for 4 weeks, Bi-Weekly X 4 weeks, and weekly X 4 weeks. Results will be reviewed at weekly Quality Assurance Risk meeting for further problem resolution. The Staff Development coordinator will educate all current Licensed Nurses on use of ¿Fig Leaf¿ Catheter bag or dignity cover. Completion date is 06/11/2015 All new hire Licensed nurses will receive education in orientation on use of ¿Fig Leaf¿ catheter bag or dignity cover. Completion date 6/11/2015 F.241 How the facility plans to monitor and ensure correction is achieved and sustained: Audit results will be reviewed at weekly Quality Assurance Risk Meeting and Quarterly Quality Assurance meeting X1 for any further problem resolution. Completion 06/11/2015		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	F 309		6/11/15	

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F 309	<p>Continued From page 2</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews with staff and record review, the facility failed to complete treatments to a feeding tube site as ordered by the physician for 1 of 2 sampled residents (Resident #212) observed with a feeding tube.</p> <p>Findings included:</p> <p>Resident #212 was admitted on 9/12/14 with diagnoses that included a muscular disease that required the use of a feeding tube to obtain nutrition.</p> <p>A 2/20/15 Quarterly Minimum Data Set (MDS) indicated Resident #212 was assessed and found to have short and long term memory impairment. The resident was identified as being dependent on staff for all activities of daily living and was identified as using a feeding tube.</p> <p>Current orders for May 2015 included an order to clean the feeding tube site daily.</p> <p>Review of the May 2015 Treatment Sheet revealed Nurse #1 had signed the order as completed for May 11th, 12th and 13th, 2015.</p>	F 309	<p>F. 309 How the corrective action will be accomplished for the resident(s) affected: Resident #212 dressing changed 5/14/2015. Nurse # 1 no longer employed by Facility. Completion date 06/11//2015</p> <p>F.309 How corrective action will be accomplished for those residents with the potential to be affected by the same practice: The DON and or designee will audit all residents with Feeding Tube site care to ensure treatment completed as ordered. Monday-Friday for 4 weeks, Bi-Weekly X 4 weeks, and weekly X 4 weeks. Results will be reviewed at weekly Quality Assurance Risk meeting for further problem resolution. The Staff Development coordinator will educate all current Licensed Nurses on Policy 1401 Care of the Patient with a Feeding Tube ç Stoma careç Completion date is 06/11/2015</p> <p>F.309 Measures in place to ensure practices will not re-occur: The DON and or designee will audit all</p>		

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F 309	<p>Continued From page 3</p> <p>During a wound care observation on 5/14/15 at 10:15 AM, performed by Nurse #2 and the Resource Nurse, a dressing was observed around the feeding tube with a date of 5/12/15. The date was confirmed by nurse #2 and the resource nurse. After removal of the dressing, the stoma for the feeding tube was observed to be red, excoriated with yellow crust buildup around one edge. Nurse #2 and the resource nurse confirmed the condition of the skin around the stoma and were unable to give reasons why the feeding tube site care had not been completed per physician ' s orders.</p> <p>Review of the treatment sheet with Nurse #2 at 10:55 AM on 5/14/15 revealed the feeding tube site care was to be performed daily.</p> <p>The Director of Nursing (DON) stated on 5/14/15 at 12:28 PM that she took the incomplete treatments seriously and planned to follow up with Nurse #1.</p> <p>On 5/14/15 at 3:00 PM, the DON stated she expected physician orders to be followed and the feeding tube site care to be completed daily. The DON stated she spoke with Nurse #1 on the phone and the nurse had told her he thought the feeding tube site care was to be completed every 3 days. The DON added Nurse #1 gave no excuse for signing the treatment had been completed when it had not been completed. The DON added the nurse could have just used soap and water and placed a dressing if the feeding tube site showed signs of drainage.</p> <p>Nurse #1 was unavailable for interview.</p>	F 309	<p>residents with Feeding Tube site care to ensure treatment completed as ordered. Monday-Friday for 4 weeks, Bi-Weekly X 4 weeks, and weekly X 4 weeks. Results will be reviewed at weekly Quality Assurance Risk meeting for further problem resolution. The Staff Development coordinator will educate all current Licensed Nurses on Policy 1401 Care of the Patient with a Feeding Tube ¿ Stoma care¿ Completion date is 06/11/2015. All new hire Licensed nurses will receive education on Policy 1401 Care of the Patient with a Feeding Tube ¿ Stoma care¿ Completion date 6/11/2015</p> <p>F.309 How the facility plans to monitor and ensure correction is achieved and sustained: Audit results will be reviewed at weekly Quality Assurance Risk Meeting and Quarterly Quality Assurance meeting X1 for any further problem resolution. Completion 06/11/2015</p>		