

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

PRINTED: 06/29/2016
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 04/28/2016
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 333 SS=D	<p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the facility failed to prevent the administration of an incorrect dose of a prescribed blood pressure medication (Metoprolol for 1 of 5 residents (Resident #391) reviewed for significant medication errors. Findings included:</p> <p>Resident #391 was admitted 4/20/16 with cumulative diagnoses of hypertension, angina, congestive heart failure and weakness. The admission Minimum Data Set dated 4/26/16 was in progress of being completed but had deemed him cognitively intact. The interim care plan dated 4/21/16 addressed his need for activities of daily living assistance due to weakness.</p> <p>A review of Resident #391's hospital discharge reconciliation medication list dated 4/20/16 indicated he was prescribed Metoprolol 25 milligrams (mg) Extended Release (ER) ½ tablet every 24 hours and to hold the medication for a systolic blood pressure less than 100. A copy of a hand written prescription with Resident #391's name on it dated 4/20/16 read Metoprolol 25mg ½ tablet daily.</p> <p>A review of Resident #391's facility admission orders dated 4/20/16 indicated he was receiving Metoprolol 25mg ER 1 tablet every 24 hours and to hold the medication for a systolic blood pressure less than 100.</p>	F 333	<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.</p> <p>F333 How corrective action will be accomplished for those residents found to have been affected by the deficient practice; Nurse #1 was in-serviced on facility policy/procedure for ordering, receiving, and administering medication. 04/27/2016 The MD was notified and order changed on 04/27/2016.</p> <p>How corrective action will be accomplished for those residents having potential to be affected by the same deficient practice All new admissions since, 05/26/2016 were audited to determine if medications were given appropriately after admission, by the Director of Nursing, Assistant</p>	5/26/16

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

TITLE

(X6) DATE

Electronically Signed

05/23/2016

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: 345505	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/28/2016
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 333	Continued From page 1 A review of Resident #391' s medication administration record (MAR) since admission on 4/20/16 indicated he was administrated Metoprolol 25 mg ER every 24 hours with no evidence that it had to be held due to his systolic blood pressure being less than 100. According to his vital signs log his blood pressure ranges were between 100/70 to 124/76 since his admission on 4/20/16. A review of Resident #391 's medical record revealed there had not yet been a monthly pharmacy review since Resident #391 was a recent admission on 4/20/16 and his lab work drawn 4/21/16 revealed no new concerns and no new orders. In an observation and attempted interview on 4/26/16 at 11:45 AM, Resident #391 stated he had a headache and declined an interview. He appeared thin and pale in color. In an interview on 4/27/16 at 11:30 AM, Nurse #1 stated Resident #391' s Metoprolol had not been held since he was admitted because his blood pressure was never less than 100 systolic prior to him getting his dose every morning. She stated she worked with Resident #391 last Thursday and Friday and every day this week so far and she administered his Metoprolol as ordered. An observation on 4/27/16 at 2:45 PM of Resident #391's Metoprolol medication punch card indicated the pharmacy dispensed was Metoprolol 25 mg ER with directions to administer 1 tablet by mouth every 24 hours and to hold for a systolic blood pressure less than 100. The tablets were white in color, oval in shape and there was a	F 333	Director of Nursing, Staff Development Coordinator and Unit Managers. All licensed nursing staff have been in-serviced on facility policy/procedure for ordering, receiving, and administering medications. 05/26/2016 All newly hired licensed nurses will receive in-service training on facility policy/procedure for ordering, receiving, and administering medications at orientation. 05/26/2016 What measures will be put in place or systemic changes made to ensure that the deficient practice will not occur All orders entered into the computer will be verified by a second nurse before the order is activated and electronically sent to the pharmacy. 05/26/2016 Unit Managers will audit all new admission physician's orders 5 times per week for 4 weeks, bi-weekly times 4 weeks, then monthly times 1 month, to ensure compliance with facility policy/procedure for ordering, receiving, and administering medications. 05/26/2016 Results of the audits will be reviewed in the Quality Assurance Risk Meeting weekly times 4 weeks, bi-weekly times 4 weeks, and monthly times 1 month. Any areas identified will be corrected immediately and licensed nursing staff will be in-serviced to changes in the current plan. 05/26/2016 How the facility plans to monitor its performance to make sure the solutions are sustained		

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 04/28/2016
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 333	Continued From page 2 score line down the middle of the tablet for splitting the dosage in half if needed. In an interview on 4/28/16 at 9:50 AM, the Director of Nursing (DON) stated the physician gave orders yesterday for Resident #391's to start Metoprolol 12.5mg daily and to hold the medication for a systolic blood pressure less than 100 or a diastolic blood pressure less than 60. In a telephone interview on 4/28/16 at 10:00 AM, the physician assistant (PA) stated he was not contacted until yesterday about an error in the transcription of Resident #391's Metoprolol. He stated he gave new orders yesterday for Resident #391 to have Metoprolol 12.5mg daily and no longer prescribed the extended release. In an interview on 4/28/16 at 11:00 AM, the administrator stated Resident #391's was administered the incorrect dosage of his Metoprolol since admission and her expectation was that no resident be administered an incorrect dose of any medication. In an interview on 4/28/16 at 12:30 PM, Nurse #3 stated she worked with Resident #391 on Saturday, Sunday and today. She stated she was not aware there was a medication error with Resident #391's Metoprolol but she administered Metoprolol 12.5 mg this morning because there was new orders written yesterday.	F 333	All results of the physician order audits will be reviewed in the Quality Assurance meeting monthly times 3 months and as needed for further problem resolution if needed. 05/26/2016		
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in	F 425		5/26/16	

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 04/28/2016
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 425	<p>Continued From page 3</p> <p>§483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation staff interviews and record review, the facility failed to assure the correct dosage of a prescribed blood pressure medication (Metoprolol) was transcribed and dispensed as ordered for 1 of 5 residents (Resident #391) reviewed for pharmacy services. Findings included:</p> <p>Resident #391 was admitted 4/20/16 with cumulative diagnoses of hypertension, angina, congestive heart failure and weakness. The admission Minimum Data Set dated 4/26/16 was in progress of being completed but had deemed him cognitively intact. The interim care plan dated 4/21/16 addressed his need for activities of daily living assistance due to weakness.</p> <p>A review of Resident #391's hospital discharge</p>	F 425	<p>F425</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice; Nurse #1 was in-serviced on facility policy/procedure for ordering, receiving, and administering medication. 04/27/2016 The MD was notified and order changed on 04/27/2016.</p> <p>How corrective action will be accomplished for those residents having potential to be affected by the same deficient practice</p>		

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 04/28/2016
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 425	<p>Continued From page 4</p> <p>reconciliation medication list dated 4/20/16 indicated he was prescribed Metoprolol 25 milligrams (mg) Extended Release (ER) ½ tablet every 24 hours and to hold the medication for a systolic blood pressure less than 100. A copy of a hand written prescription read Resident #391 was to have filled Metoprolol 25mg ½ tablet daily.</p> <p>A review of Resident #391's admission orders dated 4/20/16 indicated he was receiving Metoprolol 25mg ER 1 tablet every 24 hours and to hold the medication for a systolic blood pressure less than 100.</p> <p>A review of Resident #391's medical record revealed no pharmacy review had been yet done since resident 's recent admission on 4/20/16.</p> <p>An observation on 4/27/16 at 2:45 PM of Resident #391's Metoprolol medication punch card indicated the pharmacy dispensed was Metoprolol 25 mg ER with directions to administer 1 tablet by mouth every 24 hours and to hold for a systolic blood pressure less than 100. The tablets were white in color, oval in shape and there was a score line down the middle of the tablet for splitting the dosage in half if needed.</p> <p>In an interview on 4/27/16 at 3:20 PM, the Director of Nursing (DON) agreed since the Metoprolol was scored, it could have been split in half to administer the ordered dose of 12.5 mg ER every 24 hours. She stated it was an error when the nurse entered the admission orders.</p> <p>In an interview on 4/27/16 at 3:40 PM, Nurse #2 stated she did Resident #391's admission and entered his hospital discharge medications in the computer to be filled by the pharmacy. She stated</p>	F 425	<p>All new admissions since, 05/26/2016 were audited to determine if medications were given appropriately after admission, by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator and Unit Managers.</p> <p>All licensed nursing staff have been in-serviced on facility policy/procedure for ordering, receiving, and administering medications. 05/26/2016 All newly hired licensed nurses will receive in-service training on facility policy/procedure for ordering, receiving, and administering medications at orientation. 05/26/2016</p> <p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not occur All orders entered into the computer will be verified by a second nurse before the order is activated and electronically sent to the pharmacy. 05/26/2016 Unit Managers will audit all new admission physician's orders 5 times per week for 4 weeks, bi-weekly times 4 weeks, then monthly times 1 month, to ensure compliance with facility policy/procedure for ordering, receiving, and administering medications. 05/26/2016 Results of the audits will be reviewed in the Quality Assurance Risk Meeting weekly times 4 weeks, bi-weekly times 4 weeks, and monthly times 1 month. Any areas identified will be corrected immediately and licensed nursing staff will be in-serviced to changes in the current plan. 05/26/2016</p>	

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 04/28/2016
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 425	<p>Continued From page 5</p> <p>she also faxed the hand written prescription to the pharmacy. Nurse #2 stated she did not realize that he was only to have Metoprolol 25mg ER ½ of a tablet every 24 hours and she accidentally entered the dosage wrong into the computer.</p> <p>In telephone interview on 4/27/16 at 5:03 PM, the pharmacy director stated when the nurse entered the medication order into the computer, the physician electrically signed off that the medication order was correct. She stated the pharmacy does not review the hand written prescriptions for admission residents. The pharmacy director further stated the pharmacy also does not review the hospital reconciliation orders for admission residents because once the resident entered the facility, the medications had to be ordered by the admitting physician at the facility.</p> <p>In an interview on 4/28/16 at 9:50 AM, the DON stated the physician gave orders yesterday for Resident #391's to start Metoprolol 12.5mg daily and to hold the medication for a systolic blood pressure less than 100 or a diastolic blood pressure less than 60.</p> <p>In a telephone interview on 4/28/16 at 10:00 AM, the physician assistant (PA) stated he approved the orders on Resident #391's admission the way they were entered into the computer on 4/20/16 He also acknowledged the correct Metoprolol dosage should have been 12.5 mg ER every 24 hours on admission. The PA stated he was not contacted until yesterday about an error in the transcription of Resident #391's Metoprolol. He stated he gave new orders yesterday for Resident #391 to have Metoprolol 12.5mg daily and no longer prescribed the extended release.</p>	F 425	<p>How the facility plans to monitor its performance to make sure the solutions are sustained</p> <p>All results of the physician order audits will be reviewed in the Quality Assurance meeting monthly times 3 months and as needed for further problem resolution if needed. 05/26/2016</p>		

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

PRINTED: 06/29/2016
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 04/28/2016
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 425	Continued From page 6 In an interview on 4/28/16 at 11:00 AM, the administrator stated Resident #391's admission order for his Metoprolol was incorrectly transcribed and dispensed and her expectation was that error would have been caught prior to the resident receiving the incorrect dose.	F 425		