

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/15/2016
NAME OF PROVIDER OR SUPPLIER CORNERSTONE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 711 SUSAN TART ROAD BOX 948 DUNN, NC 28334		
(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 250 SS=D	<p>483.40(d) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, family interview, and staff interviews the facility failed to arrange a surgical follow up visit within the ordered time frame for one (Resident #1) of three sampled residents reviewed for social service needs. The findings included:</p> <p>Record review revealed Resident # 1 resided at the facility from 11/1/16 until her discharge home on 11/29/16.</p> <p>Review of the resident ' s 10/31/16 hospital discharge summary revealed Resident #1 had undergone sigmoid resection surgery while hospitalized and that she was being admitted to the facility to receive surgical wound care and rehabilitation services. According to the discharge summary the resident was to have a surgical follow up appointment one week after her hospital discharge.</p> <p>Review of the resident ' s nursing notes revealed the resident ' s first surgical follow up appointment was 11/23/16. A nurse noted on this date that the resident was sent for her follow up appointment. There was no indication in the medical record the resident had been sent to a surgical follow up appointment prior to 11/23/16.</p> <p>Resident # 1 ' s family member was interviewed on 12/14/16 at 1:14 PM. The family member stated after the resident had resided at the facility for a while a nurse mentioned to the family member that it seemed the resident should have had a surgical follow up appointment. The family</p>	F 250	<p>F 250</p> <p>Cornerstone Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Cornerstone Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Cornerstone Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>Resident no longer resides at the facility.</p>	12/23/16	

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

TITLE

(X6) DATE

Electronically Signed

12/22/2016

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.

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F 250	Continued From page 1 member stated she began inquiring and found the staff had missed scheduling the surgical follow up and the appointment had never been made. Interview with the DON (Director Of Nursing) on 12/14/16 at 3:15 PM revealed the facility had missed scheduling the appointment when the resident was admitted. The DON stated routinely the hall nurse, who admitted a resident, was responsible for reading the discharge summary and notifying the ward clerk of appointments which needed to be made. The DON stated this was routinely done on date of admission. The DON stated a new nurse had admitted Resident # 1 on 11/1/16. The DON stated the nurse had been trained to look for needed follow up appointments, but the nurse had missed Resident # 1 ' s appointment which resulted in the ward clerk not making the one week follow up appointment.	F 250	100% audit was completed of newly admitted residents discharge summaries and physician ordered appointments within the last 30 days by the ADON on 12/21/2016 to ensure all appointments including follow up were arranged within the ordered time frame. The MD and RP will be notified and appointments rescheduled by the licensed nurse during the audit for any identified areas of concern. 100% of licensed nurses will be in-serviced regarding ensuring all appointments including follow up appointments are arranged within the ordered time frame and if unable to arrange, notify the RP and MD with documentation in the medical record, in-service completed on 12/23/2016 by the Staff Facilitator. All newly hired licensed nurses will be in-serviced during orientation by Staff Facilitator regarding ensuring all appointments including follow up appointments are arranged within the ordered time frame and if unable to arrange, notify the RP and MD with documentation in the medical record. The ADON will audit all newly admitted residents discharge summaries and newly ordered appointments for current residents to ensure all appointments including follow up appointments are arranged within the ordered time frame and if unable to arrange, that the RP and MD were notified with documentation in the medical record weekly x 8 weeks and monthly x 1 month, utilizing the Resident		

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

PRINTED: 01/19/2017
FORM APPROVED
OMB NO. 0938-0391

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F 250	Continued From page 2	F 250	<p>Appointment Scheduling Audit Tool. Retraining will be conducted with the licensed nurse by Staff Facilitator for any identified areas of concern. The DON will review and initial the Resident Appointment Scheduling Audit Tool weekly x 8 weeks and monthly x 1 month for completion and to ensure all areas of concern have been addressed.</p> <p>The Executive QI committee will meet monthly and review the Resident Appointment Scheduling Audit Tool and address any issues, concerns, and/or trends and to make changes as needed, to include continued frequency of monitoring x 3 months.</p>	