

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

PRINTED: 07/10/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345478	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/26/2018
NAME OF PROVIDER OR SUPPLIER HARNETT WOODS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 604 LUCAS ROAD 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 656 SS=D	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care</p>	F 656		5/18/18	

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

TITLE

(X6) DATE

Electronically Signed

05/18/2018

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 656	<p>Continued From page 1</p> <p>plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to provide weekly 1 on 1 individual in room activities according to the resident's care plan for 1 of 3 residents reviewed for activities (Resident #72).</p> <p>Findings included:</p> <p>Resident #72 was admitted to the facility on 3/29/18. His active diagnoses included unspecified injury of the head, contracture of right and left hands, dysphagia, aphasia, paraplegia, paralytic syndrome, and nodular corneal degeneration.</p> <p>Review of Resident #72's care plan dated 4/4/18 revealed the resident was care planned for alteration in supervised and organized recreation. The resident was to participate in 1 on 1 weekly visits.</p> <p>Review of the April 2018 activities log on 4/25/18 at 10:21 AM for Resident #72 revealed the resident received a 1 on 1 activity visit by the Activities Director on 4/5/18. There were no other 1 on 1 visits documented for the month of April 2018.</p> <p>During an interview on 4/25/18 at 10:22 AM the Activities Director stated Resident #72 was to get 1 on 1 visits. She stated that in these visits she would speak to the resident because he was contracted and could not participate in physical activities. She further stated 1 on 1 activities were</p>	F 656	<p>Harnett Woods Nursing and Rehabilitation 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>Harnett Woods Nursing and Rehabilitation 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, Harnett Woods Nursing and Rehabilitation 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>The deficient practice was caused by staff failure to provide activities as outlined by the care plan.</p> <p>Resident #72's care plan was reviewed by the facility activity director on 4/25/18 to ensure accuracy.</p> <p>A 100% audit of all activity care plans was</p>		

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F 656	<p>Continued From page 2</p> <p>to be done with Resident #72 every Friday and Saturday. The Activities Director stated she did not do 1 on 1 activities with Resident #72 the weeks of 4/8/18 and 4/15/18 because he had not been out of bed. She further stated she could have sat and spoken with him while he was in bed but she did not.</p> <p>During an interview on 4/25/18 at 10:54 AM the Administrator stated that it was her expectation that the care plan be followed for the best interests of the residents. She further stated that it was her expectation that the resident received 1 on 1 activities weekly per the care plan.</p>	F 656	<p>conducted by the Facility Administrator, including the care plan for residents #72 and residents requiring 1:1 activities, to ensure that the activity care plan reflects the resident's individual activity needs. The audit was conducted from 05/09/2018 to 05/14/2018. Any deficient care plans were updated by facility activity director to more accurately reflect the resident activity needs from 5/09/2018 to 05/17/18.</p> <p>The activity department members (Activities Director and Activities Assistant) were re-educated by the facility Administrator on 5/3/2018 about the requirements for completing a comprehensive care plan for each resident, and providing activities with corresponding documentation as specified by the care plan. Any newly hired activity director or activity assistant will be in-serviced by the staff facilitator in orientation in regard to the requirements for completing a comprehensive care plan for each resident, and providing activities with corresponding documentation as specified by the care plan.</p> <p>An audit of activity participation for resident #72 and all residents care planned for 1:1 activities will be conducted weekly x 8 weeks then monthly x 1 month by the Director of Nursing, Assistant Director of Nursing, LPN scheduler, RN supervisor, Quality Improvement Nurse, or Staff Development Coordinator to ensure that the activities being provided are succinct with the plan for each resident utilizing the QI Activity</p>		

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F 656	Continued From page 3	F 656	<p>Participation per Care Plan Audit Tool. The activity team members will be retrained by the Director of Nursing or Assistant Director of Nursing and the care plan will be revised, if necessary, by the facility MDS nurse, Activity Director or Director of Nursing for any identified areas of concern. The Administrator will review and initial the QI Activity Participation per Care Plan Audit Tool weekly x 8 weeks then monthly x 1 month for compliance, and to ensure all areas of concern have been addressed.</p> <p>The Executive QI committee will meet monthly and review the QI Activity Participation per Care Plan Audit Tools and address any issues, concerns and/or trends and to make changes as needed, to include continued frequency of monitoring x3 months.</p>		