

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

PRINTED: 02/03/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/25/2012
NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF BURKE			STREET ADDRESS, CITY, STATE, ZIP CODE 3847 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612	
(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 000	INITIAL COMMENTS The complaint survey started on January 18--19, 2012. The team left the complaint pending while waiting for additional information. The survey team reentered the facility on January 23, 2012 to extend and complete the survey. The survey team notified the administrator of the IJ on January 23, 2012. The exit date was extended to January 25, 2012 at which time the jeopardy was removed and F323 was left out of compliance at a lower scope and severity.	F 000	Carolina Rehab Center of Burke acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually accurate and in order to maintain compliance with applicable rules and provisions of the quality of care of residents. The plan of corrections is submitted as a written statement of compliance.	
F 323 SS=J	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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. This REQUIREMENT is not met as evidenced by: Based on facility and medical record reviews and staff, resident, and family interviews, the facility failed to monitor a resident, who was assessed as an unsafe smoker and had no system in place to monitor safe smokers to assure there was no sharing of smoking materials for two (2) of ten (10) sampled residents. (Residents #1 and #4). Immediate jeopardy began on 01/03/12 when the facility assessed Resident #1 as an unsafe smoker. On the morning of 01/15/12 Resident #1 smoked in his room while utilizing oxygen via nasal cannula resulting in a fire. Resident #1	F 323	Carolina Rehab Center of Burke's response to this statement of deficiencies does not indicate agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Additionally, Carolina Rehab Center of Burke 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. F 323 How corrective action will be accomplished for the resident affected. Resident # 1 was transferred to the hospital on January 15, 2012 and passed away there on that date. Resident # 4 was discharged home with home health services per resident request on January 16, 2012.	2/14/12

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

Sham C. Whitlock

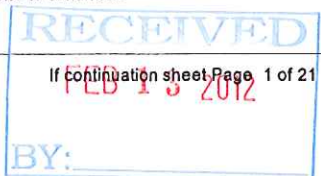
TITLE

Administrator

(X6) DATE

2/10/12

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 323	<p>Continued From page 1</p> <p>expired 01/15/12 due to burns received in that fire. On the same date, Resident #2 was admitted to a local acute care facility and treated for smoke inhalation. Immediate jeopardy was removed 01/25/12 when the facility provided and implemented a credible allegation of compliance. The facility remains out of compliance at a lower scope and severity of D (an isolated deficiency, no actual harm with potential for more than minimal harm that is not immediate jeopardy) to ensure monitoring of systems put in place and completion of employee education.</p> <p>The findings are:</p> <p>An undated facility Smoking Policy specified residents, visitors, or staff would not be permitted to smoke inside the facility. The only areas in which residents or staff would be allowed to smoke were in the courtyards located on each side of the dining room and on the covered areas off the living rooms. The Smoking Policy did not address unsafe smoking, monitoring, reassessing these residents, or how the facility was monitoring to indicate safe smokers were not providing smoking materials for unsafe smokers.</p> <p>1. Resident #1 was admitted to the facility 12/07/11 with diagnoses including chronic obstructive pulmonary disease, aftercare following rib fractures, history of falls, muscle weakness, and depression.</p> <p>A review of Resident #1's medical record revealed a Safe Smoking Assessment form completed on admission signed by Licensed Nurse (LN) #1 and dated 12/07/11. The following statement was observed documented at the</p>	F 323	<p>How corrective action will be accomplished for those residents with the potential to be affected by the same practice.</p> <p>Smoking materials were collected from each resident who was identified as a current smoker. Admissions Director and Business Office Manager retrieved the smoking material from the patients who smoked on January 15, 2012.</p> <p>On January 15, 2012, safe smoking assessments and care plans for all residents who were smokers were reviewed by Unit Managers, Resident Assessment Coordinator, Director of Discharge Planning, and Activity Director. All smokers were found to be appropriately assessed and care planned. Care Plan Confirm sheets (Resident Care Guides) were reprinted and again placed in the</p> <p>Care Plan Confirm Books on each Unit on January 15, 2012 by the Unit Managers. This information is used to communicate with CNA's each resident's individual needs, including those pertaining to smoking.</p>	2/14/12	

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F 323	<p>Continued From page 2 bottom of the form, "Hx (history) of smoking, presently does not smoke".</p> <p>A review of a progress note dated 12/12/11 at 11:07 AM and signed by LN #6 revealed Resident #1 refused a Nicotine patch that morning. The note continued Resident #1 stated he did not want the patch, he wanted to smoke.</p> <p>Continued medical record review revealed a Safe Smoking Assessment form completed by the MDS (Minimum Data Set) Coordinator and dated 12/14/11. Documentation on this form noted Resident #1 was determined to be a safe smoker.</p> <p>The admission Minimum Data Set (MDS) dated 12/14/11 indicated the resident was cognitively intact and required limited staff assistance for transfers, ambulation, dressing, and hygiene. The MDS also assessed Resident #1 was a tobacco user. Care Area Assessments (CAA) dated 12/14/11 specified Resident #1 was alert and oriented to his room number, year and month but not the day of the week. The CAAs also noted the resident had episodes at times of forgetfulness and being impulsive and required reminders for safety.</p> <p>A review of care plans (CP) for Resident #1 revealed a CP dated 12/19/11 identified the resident as a safe smoker and he would follow safe smoking practices. CP goals specified Resident #1 would comply with administration smoking policy with no accidents or injury related to smoking through the next review. Interventions included: all staff would encourage the resident to have supervision with smoking and the Social Worker (SW) would ensure the resident smoked</p>	F 323	<p>On January 15, 16, 17, 18, 19, 20 and 23, a safe smoking audit was conducted by the Activity Director, Staff Development Coordinator and Unit Manager. The audit looked at 100% of current residents who smoke and checked for the following: 1) Oxygen use 2) Date of Smoking Assessment 3) Interdisciplinary Team Members Present on Assessment, 4) Requires supervision, 5) Smoking items kept with nurses, 6) Care plan present, 7) Care Plan matches smoking assessment 8) Education on smoking provided on admission. Any issues identified were corrected by Unit Manager at time of audit.</p> <p>On January 15, 2012, Director of Nursing conducted an in-service for direct care nursing staff, housekeepers, nurse managers and department managers who were on duty and all oriented patients, regarding the importance of having no smoking materials in patient rooms or kept in possession of resident. Any smoking materials would be collected and held by nursing for the patient.</p>		

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F 323	<p>Continued From page 3</p> <p>only in designated areas and would relinquish any ignition source in his possession upon request.</p> <p>A review of a progress note dated 01/03/12 and signed by LN #5 revealed Resident #1 experienced a second fall in four (4) days. The note specified Resident #1 experienced an unobserved fall. He reported he attempted to sit down on his rolling walker when he misjudged location of the seat and fell. The documentation specified as of 01/03/12, the resident required accompaniment when going to the smoke porch.</p> <p>A CP related to falls was updated on 01/03/12 with an intervention that specified accompaniment/supervision while on the smoke porch.</p> <p>Further medical record review revealed a third Safe Smoking Assessment form signed by LN #2 and dated 01/03/12. Documentation on this form noted Resident #1's short term memory was not intact and he did not have adequate memory or recall ability. Further documentation specified Resident #1 did not demonstrate safe techniques for putting out ignition source and disposing of ash. Additional documentation noted the resident did not demonstrate the ability to physically hold the smoking device while smoking. The assessment deemed Resident #1 as an unsafe smoker. Comments on this assessment specified the resident's cigarettes and lighter would be kept in the medication cart and a staff member must accompany the resident to the designated smoking area and to assist him while smoking. It also stated Resident #1 understood these precautions.</p>	F 323	<p>Additionally, facility employees were in-serviced by Director of Nursing, Staff Development Coordinator, Unit Manager, Dietary Manager, Activity Director, Billing Coordinator, and Occupational Therapist, regarding additions to the current smoking policy. Each individual that was not physically present for in-service was contacted by telephone. The following were reviewed with each employee regarding the facility smoking policy: 1) No resident and/or family members of residents would be permitted to share smoking materials with other residents. 2) A condensed list of current residents who are unsafe smokers will be kept in the front of the Care Plan Confirm notebooks that are kept at each nurse's station with their individual needs listed. All residents that are unsafe smokers are listed in every Care Plan Confirm notebook, regardless of their assigned unit. 3) Cigarettes and other smoking materials will now be kept with the lighters (for all smokers, whether they require supervision or not) locked on the nurse's medication carts. 4) Until further notice, there will be only one staff member, the Director of Discharge Planning designated to buy cigarettes for residents who cannot buy for themselves. She will then deliver those smoking materials to the patient's nurse to be locked in the medication cart. 5) For those patients that require supervision while smoking, the smoking schedules were transferred to the Care Plan Confirm notebooks located at each nurse's station.</p>		

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F 323	<p>Continued From page 4</p> <p>Review of a nursing progress note dated 01/15/12 and signed by Licensed Nurse #3 revealed at approximately 5:20 AM staff responded to a fire alarm with extinguishers to room 314 B. Thick dark smoke was observed inside the room. Staff attempted to put out the fire with extinguisher. 911 was called by this nurse. Resident #1 was removed from his room by staff through the window. The note further specified the resident was transported to an acute care facility for treatment.</p> <p>On 01/18/12 at 11:12 AM an interview was conducted with Nursing Assistant (NA) #1. He stated on 01/15/12 he responded to a fire alarm that sounded in the facility shortly after 5:00 AM. NA #1 stated the facility's fire panel indicated the alarm came from a resident room. As he approached that room, he observed Resident #1 standing between the B bed (bed closest to the window) and the window. NA #1 reported the resident was on fire and a nasal cannula used to administer oxygen was lying on the bed. NA #1 specified flames were shooting out of the cannula causing the bed to burn which prevented him from getting near the resident. NA #1 stated a fire extinguisher was utilized to put out the fire on the resident's clothing and with assistance of other staff members, the resident was removed from the room through the window. He further stated another staff member was with Resident #1 until the emergency medical assistants arrived. NA #1 stated he went back into the building and removed Resident #2 from the A bed (bed closest to the room door) and physically carried him outside of the building.</p> <p>On 01/18/12 at 11:48 AM an interview was</p>	F 323	<p>On January 15, 2012 signs were posted at entrances and exits to the facility and to the designated smoking areas regarding prohibition of sharing smoking materials.</p> <p>On January 15, 2012, Unit Manager notified each family member of the residents who smoke by phone regarding the new policy prohibiting sharing of smoking materials.</p> <p>Beginning January 15, 2012 and ending January 23, 2012, with resident permission, 3-11 shift nursing assistants assigned to the care of residents who smoke observed the resident rooms and belongings for smoking materials each evening.</p> <p>On January 24, 2012, Staff Development Coordinator, Unit Managers, Therapy Director, Dietary Managers, Resident Assessment Coordinator, Activity Assistant, Medical Records Director, Admission Director, and Human Resource Director, Maintenance Director, Business Office Manager, Administrative Registered Nurse, and Billing Coordinator completed facility staff in-service. In-service included: 1) Review of Smoking Policy and procedures, protocols, and changes made through this date. 2) New location of smoking materials and the use of locked box for smoking materials. 3) Location of facility locked box. 4) With the locked box there will be a sign out sheet for monitoring of smoking materials. 5) A list of unsafe smokers will be kept in front of care plan confirm notebook and with the</p>		

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F 323	<p>Continued From page 5</p> <p>conducted with LN #7. who was on duty on 01/15/12 when the fire occurred. LN #7 stated he assisted with removing Residents #1 and #2 from the building. He stated Resident #1 sustained burns over his upper body and thighs. LN #7 stated the fire department and emergency medical assistants arrived to the facility and the fire department extinguished the fire in the residents' room. LN #7 added the other residents on the hall of the fire were evacuated by facility staff to an area past the fire doors.</p> <p>Review of a 01/15/12 History and Physical (H&P) and a Discharge Summary from an acute care facility revealed Resident #1 was transported via air ambulance after sustaining burn injuries around 5:30 AM. He was alert and responsive when attended by the emergency medical team at the scene of the fire. Upon arrival to the acute care facility around 7:00 AM, he was nonresponsive. Initial evaluation revealed Resident #1 had sustained approximately 55% of total body surface area with full-thickness burns and an inhalation injury resulting in swelling of the airway. The H&P specified Resident #1's prognosis was grave. After family consultation, comfort measures were initiated. The Discharge Summary documented Resident #1 expired on 01/15/12 due to the severity of the burns sustained in the fire.</p> <p>An interview with the Director of Nursing (DON) and Administrator on 01/18/12 at 9:02 AM revealed residents that were assessed as unsafe smokers required staff supervision when smoking. The DON stated this was explained to residents at the time of their admission. The DON described an unsafe smoker was someone</p>	F 323	<p>locked box, 6) Smoking schedule revision for unsafe smokers who require supervision, and 7) Failure to adhere to policy may result in initiation of the discharge process.</p> <p>On January 24, 2012, Social Worker contacted family members of each smoker by telephone and updated them on the changes to smoking rules dated January 24, 2012.</p> <p>On January 24, 2012 Unit Manager updated care plans for each patient who smokes. Care plan confirm sheets (Resident Care Guide) were updated.</p> <p>January 24, 2012 all current residents who smoke were re-educated and signed Smoking Education indicating their understanding that there is no smoking inside the facility.</p> <p>January 25, 2012 Nursing staff were inserviced on 1) Inventory Sheet for each individual resident 2) Upon admission they must notify all patient/Resident representative (Smokers and Non-smokers) of "No Smoking Inside Facility" 3) Revision of Admission Check List to include information about smoking policy, no smoking inside facility, and education/understanding to be clearly documented in the resident's medical record.</p>		

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F 323	Continued From page 6 who could not hold or put out a cigarette. The DON added cognition was taken into consideration and was part of the smoking assessment. The DON stated residents who were assessed as safe smokers were allowed to keep their cigarettes and ignition sources in their possession. All smoking materials for residents who were assessed as unsafe smokers were kept locked on the medication carts. Further interview revealed smoking was not allowed when oxygen was in use. The DON stated if a resident failed to comply with the rules, the facility would consider this a reason for discharge. The DON stated Resident #1 was not smoking at the time of his admission due to his illness. The DON explained about a week after admission as the resident began to regain his strength, he asked to smoke. He was assessed at that time as a safe smoker. The DON stated after the resident's second fall, he was reassessed and determined to be an unsafe smoker, mainly to have supervision present to prevent falls. The DON stated to her knowledge, Resident #1 did not have smoking materials of his own. He would rummage through the ashtrays for butts and ask facility staff for cigarettes. The DON continued Resident #1 had to borrow a cigarette and lighter each time he smoked. The DON stated it was not usual routine for staff to search him because he never gave them cause. To her knowledge, he never attempted to smoke in the building or with oxygen in place. The DON and Administrator stated they had never observed Resident #1 with a lighter or attempting to smoke with oxygen in place. An interview with Housekeeper #1 on 01/19/12 at 1:47 PM revealed she assisted with cleaning	F 323	January 25, 2012 The Administrator in-serviced Business Office Manager, Billing Coordinator, Admission Director and Admission Coordinator on the Smoking Education Form to be used during Admission Process. Amendments to smoking policy dated 2003 were made on January 25, 2012 by Staff Development Coordinator to include: 1) A patient who wishes to smoke will be evaluated and have signature by the Interdisciplinary Team (indicating agreement with assessment and care plan update) upon admission to determine safety and ability to handle smoking material and collect smoking materials at that time. 2) Smoking is prohibited where oxygen is being used or stored. 3) Smoking is prohibited indoors 4) Those residents who are determined to be unsafe smokers are required to have staff supervision while smoking, will be supplied with any safety device needed, and will adhere to smoking schedule 5) Smoking materials (cigarettes, lighters, and matches) will be stored in a locked area that will be accessed only by staff. 6) Patients who are unsafe smokers are not allowed to have smoking material in their possession. 7) Patients who are safe smokers will be provided their smoking materials upon request and will return the smoking material after smoking. 8) Sharing of smoking materials with residents, by residents, staff, family members, or other visitors is prohibited.		

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F 323	<p>Continued From page 7</p> <p>Resident #1's room after the fire. She stated she found two (2) cigarettes, whole and unsmoked, under a tissue box on Resident #1's over bed table.</p> <p>An interview with Resident #16 was conducted 01/23/12 at 4:15 PM. Resident #16 was assessed as alert and oriented on the latest MDS dated 10/26/11 and was assessed as a safe smoker. This resident stated she observed Resident #1 on the smoking porch unattended by facility staff on the afternoon of 01/14/12. She stated Resident #1 was picking cigarette butts out of the ashtrays. She asked him if he was supposed to be out there unattended. Resident #16 stated he gave an answer she could not understand.</p> <p>An interview with NA #2 on 01/23/12 at 4:30 PM revealed she took a lighter from Resident #1 around 01/05/12 or 01/06/12, after he was deemed an unsafe smoker. She stated when she asked the resident where he got the lighter, he replied he did not know.</p> <p>An interview via phone with Resident #1's family member on 01/24/12 at 9:45 AM revealed he had visited Resident #1 on 01/07/12. The family member stated he brought the resident a pack of cigarettes and took him out to smoke. The family member stated he left the cigarettes and lighter which he thought was green in color with Resident #1.</p> <p>A review of a Fire Inspector's (FI) report dated 01/25/12 revealed on 01/15/12 at approximately 5:53 AM on 01/15/12 the FI arrived on the scene at the long term care facility following a structural</p>	F 323	<p>9) Failure to comply with the smoking policy may result in the initiation of the discharge process.</p> <p>Prior to 1/31/2012 When a resident expressed a desire to smoke, the following process was performed by the nurse that was on duty:</p> <ol style="list-style-type: none"> 1. Upon admission, obtain smoking materials for the resident and sign into the Smoking Material Locked Box. 2. Review and provide a copy of the smoking education to the resident and family 3. Remove all smoking materials from resident's possession upon admission and place in the locked box. 4. Complete safe smoking assessment within 24 hours with signature of the Interdisciplinary Care Plan Team. (If the patient request to smoke prior to completion of the 24 hours the nurse will accompany patient for observation to assist in completion of smoking assessment). 5. Develop a care plan to address the needs for all residents who smoke or wish to smoke. 6. Print care plan confirm sheets placed in notebooks on all units for the nursing assistants 7. Forward copy of the safe smoking assessment to the Unit Manager for Interdisciplinary Team review during the next morning meeting 8. Obtain patient signature on smoking education and place on the chart 9. Document resident comprehension of verbal education and policy review on 		

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F 323	Continued From page 8 fire. The report specified two (2) residents of the facility were pulled from the room where the fire occurred by facility staff. Both were attended by staff and responding emergency personnel. The report specified the burned resident was air lifted to a burn center and the second resident was transported by ambulance to a local acute care center due to smoke inhalation. In the report, the FI described the affected room as follows: Two (2) beds were noted in the room. The A bed near the doorway had no damage. The B bed next to the window had fire damage to the mattress and linens. A lighter, blue in color, was noted on the top seat of a rolling walker which was located to the right of the B bed. Lying in the floor underneath the walker was a partially consumed cigarette butt with the brand name still visible. An oxygen generator was located to the right of the B bed. The plastic tubing that runs from the machine to the resident's nasal cannula was melted. Portions of the tubing was melted and stuck to the bed linens, bed controls and a chair located beside the oxygen generator. The FI report documented electrical and providential causes were eliminated via investigation. The report specified this fire was ruled as being caused by the direct involvement of human hand by misuse of smoking material. 2. Resident # 4 was admitted to the facility 12/28/11 with diagnoses including abnormal gait and history of deep vein thrombosis. The admission Minimum Data Set dated 01/04/12 indicated no cognitive impairment and supervision of staff was needed for transfers and ambulation.	F 323	smoking. Director of Discharge Planning (or Activity Director in the absence of Discharge Planner) will obtain smoking materials for those residents unable buy cigarettes for themselves. The Director of Discharge Planning (or Activity Director) will then label those materials and secure in the locked location. On January 25, 2012 copies of the revised Smoking Policy, effective on that date were placed in the file cabinets for nurses use to continue to aid in the education of new admissions regarding the smoking policy. Staff nurses were in-serviced by Director of Nursing and Staff Development Coordinator. In-service included education of this policy with each new admission during the admission process. No Smoking in Facility Education Form was added to Admission packet to be reviewed and signed by the resident or resident's representative. The information will be presented and signed by the Admissions Director, Admissions Coordinator, or Admitting Nurse and counter signed by Responsible Party or Resident to acknowledge receipt and understanding prior to or at time of admission. The Activity Director and two Nursing Assistants have obtained signatures indicating understanding of the		

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F 323	Continued From page 9 A review of a Safe Smoking Assessment dated 12/28/11 and signed by Licensed Nurse (LN) #8 revealed Resident #4 was assessed as a safe smoker. Review of an e-mail dated 01/06/11 from Unit Manager (UM) #1 sent to the Director of Nursing (DON) revealed UM#1 had interviewed Resident #4 that day. The e-mail specified Resident #4 can no longer ask Resident #1 to go smoke and offer him cigarettes. UM #1 explained Resident #1 needed staff supervision to keep him safe and Resident #4 could not provide that supervision. The e-mail documented Resident #4 understood and would no longer offer him cigarettes. A review of Resident #4's medical record revealed a progress note dated 01/15/12 and signed by LN #9 at 3:08 PM. The note specified Resident #4 and her Responsible Party were notified of the smoking policy change effective this date. The policy change directed residents were no longer allowed to keep cigarettes or ignition sources in their rooms. These items would be stored in the medication carts and given to residents as requested. Additional review of Resident #4's medical record revealed a progress note dated 01/16/12 and signed by LN #6 at 12:43 PM. The note specified the resident was upset and wanted her cigarettes. LN #6 wrote Resident #4 stated the cigarettes were hers and the facility didn't need to keep them for her. LN #6 documented she explained the new smoking policy again. Continued review of Resident #4's medical record	F 323	education provided to all current residents about the "No Smoking inside the building." 100% of all current residents and/or representative were educated and signed on the "No Smoking" in the building and are aware a breach of this may result in the initiation of discharge. If the patient was unable to sign, then the Responsible Party was called and annotated on the Carolina Rehab Center of Burke Smoking Policy and countersigned by the educator. Measures in place or systemic changes made to ensure deficient practice will not occur. On January 25 th facility staff were in-serviced of the changes to the smoking policy. These changes are: 1) Effective 1/31/2012 new residents admitted to this facility are not permitted to smoke. Effective 1/31/2012 new residents admitted to this facility are not permitted to smoke. Only residents admitted prior to 1/31/2012 who were smokers are permitted to smoke in the designated area outside the facility. Area hospital discharge planners were notified of this transition by telephone and in writing by the administrator. New residents are informed upon admittance.	2/14/12	

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F 323	<p>Continued From page 10</p> <p>revealed a progress note dated 01/16/12 and signed by the Director of Nursing (DON). The note specified Resident #4 admitted she gave cigarettes to another resident in the facility and encouraged him to go out and smoke with her. The note specified Resident #4 stated she did not think it was fair that the other resident had to wait on staff to give him smoking materials, nor was it fair for him to have to be observed smoking when she could do it.</p> <p>An interview with the DON on 01/23/12 at 1:19 PM revealed on the morning of 01/03/12 when Resident #1 experienced his second fall, Resident #4 was the person who found him. The DON continued Resident #4 had difficulty summoning help. The DON stated after the conversation between UM #1 and Resident #4 documented in the e-mail, she felt confident Resident #4 would comply with the facility's request for her not to assist Resident #1 with smoking. The DON stated the facility felt there was no reason to monitor this situation because of the concern Resident #4 expressed for Resident #1's safety when he fell.</p> <p>An interview with UM #1 on 01/24/12 at 12:47 PM revealed Resident #4 had witnessed a fall experienced by Resident #1 on 01/03/12. She was speaking to Resident #4 on 01/06/12 regarding this fall. UM #1 stated during this conversation Resident #4 offered information that she asked Resident #1 to go smoke with her and she would give him a cigarette and light it for him.</p> <p>An interview with Resident #4 via phone on 01/24/12 at 12:58 PM revealed she did give Resident #1 cigarettes and light them for him.</p>	F 323	<p>All smoking material for residents who were admitted prior to 1/31/2012 and smoke is kept in a locked box in the locked pantry on the unit where the individual resides. Sign out sheets for smoking material for each of these residents are updated by staff with each locked box.</p> <p>Upon admittance a representative from admissions office (admissions director, admissions coordinator, or admitting nurse) will provide written notice to individuals on a form separate from the Resident Handbook, that smoking is prohibited inside the facility and will obtain the signature of the individual or the individual's representative acknowledging receipt of the notice. This notice will also serve to inform individuals that residents admitted after 1/31/2012 will not be permitted to smoke inside the facility or on the campus grounds.</p> <p>Upon admittance the admitting nurse will provide written notice to individuals on a form separate from the Resident Handbook that smoking is prohibited inside the facility and will obtain the signature of the individual or the individual's representative acknowledging receipt of the notice. This notice will also serve to inform individuals that residents admitted after 1/31/2012 will not be permitted to smoke inside the facility or on the campus grounds.</p>		

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F 323	<p>Continued From page 11</p> <p>She stated she observed Resident #1 smoking without staff supervision after his cigarettes were taken away.</p> <p>An additional interview with the DON on 1/25/12 at 11:56 AM revealed it was her understanding Resident #4 gave Resident #1 cigarettes after he was assessed as an unsafe smoker.</p> <p>The Administrator was informed of Immediate Jeopardy on 01/23/12 at 3:30 PM for Resident #1 and Resident #4.</p> <p>The facility presented a credible allegation of compliance which included:</p> <p>Correction for Resident #1</p> <ul style="list-style-type: none"> Resident # 1 transferred to the hospital on January 15, 2012 and passed away there on that date. <p>Correction for Resident # 2</p> <ul style="list-style-type: none"> Resident # 2 transferred the hospital on January 15, 2012. Resident #2 was discharged from the hospital to another skilled facility on Wednesday, January 18, 2012 and does not plan to return to this facility. <p>2. Correction for current residents at risk:</p> <ul style="list-style-type: none"> On January 6, 2012 Unit Manager spoke with resident # 4, who reported to her that she (resident # 4) had provided resident # 1 with cigarettes and lit his cigarette for him. Unit Manager explained to resident # 4 she can not do this because these unsafe smoking interventions were in place for resident # 1's safety. Resident # 	F 323	<p>How the facility plans to monitor and ensure correction is achieved and sustained.</p> <p>The 200 Hall nurse will monitor the sign out sheet located with the locked box for smoking materials on 200 Hall at each shift change daily. The 400 Hall nurse will monitor the sign out sheet located with the locked box for smoking materials on 400 Hall at each shift change daily. If any smoking material was not returned the nurse will follow up immediately in order to locate the missing smoking materials. If unable to locate smoking materials Hall nurse for that assigned hall (200 or 400) will notify the administrator and director of nursing immediately. Results of every shift check will be reviewed 5 times weekly by unit manager for a period of 2 weeks, then 3 times weekly for a period of 2 weeks, then weekly for a period 4 months and on-going. The results will be reported to the Quality Assurance Committee monthly for a period of 6 months to review for revisions and compliance.</p>	2/14/12

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F 323	Continued From page 12 4 verbalized understanding and agreed to comply. · Smoking materials were collected from each resident who was identified as a current smoker. Admissions Director and Business Office Manager retrieved the smoking material from the patients who smoked on January 15, 2012. · On January 15, 2012, safe smoking assessments and care plans for all residents who were smokers were reviewed by Unit Managers, Resident Assessment Coordinator, Director of Discharge Planning, and Activity Director. All smokers were found to be appropriately assessed and care planned. Care Plan Confirm sheets (Resident Care Guides) were printed and placed in the Care Plan Confirm Books on each Unit on January 15, 2012 by the Unit Managers. This information was used to communicate with Certified Nursing Assistants patients smoking needs. · On January 15, 16, 17, 18, 19, 20 and 23, a safe smoking audit was conducted by the Activity Director, Staff Development Coordinator and Unit Manager. The audit looked at 100% of smokers in the facility and checked for the following: 1) Resident room number 2) Name 3) Oxygen user 4) Smoking Assessment Date, 5) Interdisciplinary Team Members Present on Assessment, 6) Requires supervision, 7) Smoking items kept with nurses, 8) Care plan present, 9) Care Plan matches smoking assessment 10) Education on smoking provided on admission. Any issues identified were corrected by Unit Manager at time of audit. · On January 15, 2012, Director of Nursing conducted an in-service for 100 % of all direct care nursing staff, housekeepers, nurse managers and department managers who were	F 323	Administrator will review each admission file to ensure completion of required Smoking Education. This will be done after admission. The Smoking Education Audit will be completed to check and ensure that 1) Smoking Education Form Used 2) Signature of Resident or Resident's Representative 3) Signature of Admissions Representative. This will be monitored 5 times weekly by administrator for a period of 2 weeks, then 3 times weekly for a period of 2 weeks, then weekly for a period 4 months, and then as determined necessary by the QA Committee. The results will be reported to the QA Committee monthly for a period of 6 months to review for revisions and compliance. Admitting Nurse completes the Admitting Check off List that includes Review of Smoking Education regarding: 1) no smoking inside the facility and 2) residents admitted after 1/31/2012 will not be permitted to smoke inside the facility or on the campus grounds. The Admitting Check-off List will be reviewed by the unit manager. The Unit Manager will ensure documentation of the smoking education, including a copy of the smoking education form, was provided to each resident upon admission. This will be monitored 5 times weekly by unit manager for a period of 2 weeks, then 3		

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F 323	Continued From page 13 on duty and all oriented patients, regarding the importance of having no smoking materials in patient rooms. Any materials found in patient rooms would be held by nursing for the patient and returned per the patient's smoking plan. · Additionally, 100% of all facility employees were in-serviced by Director of Nursing, Staff Development Coordinator, Unit Manager, Dietary Manager, Activity Director, Billing Coordinator, and Occupational Therapist, regarding additions to the current smoking policy. Each individual that was not physically present for in-service was contacted by telephone. The following were reviewed with each employee regarding the facility smoking policy: 1) No resident and/or family members of residents would be permitted to share smoking materials with other residents. 2) A condensed list of current residents who are unsafe smokers will be kept in the front of the Care Plan Confirm notebooks that are kept at each nurse's station with their individual needs listed. All residents that are unsafe smokers are listed in every Care Plan Confirm notebook, regardless of their assigned unit. 3) Cigarettes and other smoking materials will now be kept with the lighters (for all smokers, whether they require supervision or not) locked on the nurse's medication carts. 4) Until further notice, there will be only one staff member, the Director of Discharge Planning designated to buy cigarettes for residents who cannot buy for themselves. She will then deliver those smoking materials to the patient's nurse to be locked in the medication cart. 5) For those patients that require supervision while smoking, the smoking schedules are posted in the yellow Care Plan Confirm notebooks located at each nurse's station. · On January 15, 2012 signs were posted at	F 323	times weekly for a period of 2 weeks, then weekly for a period 4 months and then as determined necessary by the QA Committee. The results will be reported to the QA Committee monthly for a period of 6 months to review for revisions and compliance.		

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F 323	Continued From page 14 entrances and exit to the smoke porches regarding prohibition of sharing smoking materials. · On January 15, 2012, Unit Manager notified each family member of the smoking residents by phone regarding the new policy prohibiting sharing of smoking materials. · Beginning January 15, 2012 and ending January 23, 2012, with resident permission, 3-11 shift nursing assistants assigned to the care of residents who smoke observed the resident rooms and belongings for smoking materials each evening. · January 16, 2012, one resident, # 4, expressed a desire to be discharged home due to dissatisfaction with having to relinquish smoking materials on January 15, 2012. A discharge plan was prepared. · One resident, # 12, found out of compliance, lighter in possession, on January 20, 2012; resident was discharged on January 20, 2012 with home health services. · Care plans for each resident who smoked were re-checked and updated on January 23, 2012 by Resident Assessment Coordinator, Unit Manager, and Nurse Consultant to indicate resident and family notification of changes. · On January 24, 2012, Staff Development Coordinator, Unit Managers, Therapy Director, Dietary Managers, Resident Assessment Coordinator, Activity Assistant, Medical Records Director, Admission Director, and Human Resource Director, Maintenance Director, Business Office Manager, Administrative Registered Nurse, and Billing Coordinator completed 100% of facility staff were in-serviced. In-service included Review of Smoking Policy, the new location of smoking materials and the use of	F 323			

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F 323	Continued From page 15 lock box for smoking materials. The lock box will be located in the 200 Hall Pantry. With the lock box there will be a sign out sheet, for monitoring of smoking materials. A list of unsafe smokers will be kept in front of care plan confirm notebook and on the locked box, smoking schedule revision for unsafe smokers who require supervision, and failure to adhere to policy may result in initiation of the discharge process. · On January 24, 2012, Social Worker contacted family members of each smoker by telephone and updated them on the changes to smoking rules dated January 24, 2012. · On January 24, 2012 Unit Manager updated care plans for each patient who smokes. Care plan confirm sheets (Resident Care Guide) were updated. · January 24, 2012 all current smokers signed Smoking Policy indicating there is no smoking the facility. · January 25, 2012 100% of all nursing staff were in-serviced on, 1) Inventory Sheet for each individual resident 2) Upon admission they must notify all patient/Responsible Party (Smokers and Non-smokers) of "No Smoking", obtain a signature and place on chart 3) Revision of Admission Check List to include information about smoking policy and no smoking in facility. · January 25, 2012 The Administrator in-serviced Business Office Manager, Billing Coordinator, Admission Director and Admission Coordinator on the Smoking Education Form to be used during Admission Process. 3. · Amendments to smoking policy dated 2003 were made on January 25, 2012 by Staff Development Coordinator to include: 1) A patient	F 323			

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F 323	Continued From page 16 who wishes to smoke will be evaluated by the Interdisciplinary Team upon admission to determine safety and ability to handle smoking material. 2) Smoking is prohibited where oxygen is being used or stored. 3) Smoking is prohibited indoors 4) Those residents who are determined to be unsafe smokers are required to have staff supervision while smoking, will be supplied with any safety device needed, and will adhere to smoking schedule 5) Smoking materials (cigarettes, lighters, and matches) will be stored in a locked area that will be accessed only by staff. 6) Patients who are unsafe smokers are not allowed to have smoking material in their possession. 7) Patients who are safe smokers will be provided their smoking materials upon request and will return the smoking material after smoking. 8) Sharing of smoking materials with residents, by residents, staff, family members, or other visitors is prohibited. 9) Failure to comply with the smoking policy may result in the initiation of the discharge process. · When a resident expresses a desire to smoke is admitted to the facility, the following process is performed by the admitting nurse that is on duty: · Upon admission, collect smoking materials from the resident and signed into the Smoking Material Lock Box. · Review and provide a copy of the smoking policy to the resident and family · Remove all smoking materials from resident's possession and place in the locked · Complete safe smoking assessment within 24 hours. (If the patient request to smoke prior to completion of the 24 hours the nurse will accompany patient for observation to assist in completion of smoking assessment)	F 323			

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F 323	Continued From page 17 <ul style="list-style-type: none"> · Develop a care plan to address the needs for all residents who smoke or wish to smoke. · Print care plan confirm sheets placed in notebooks on all units for the nursing assistants · Forward copy of the safe smoking assessment to the Unit Manager for Interdisciplinary Team review during the next morning meeting · Obtain patient signature on smoking schedule and place on the chart · Document resident comprehension of verbal education and policy review on smoking. · Director of Discharge Planning (or Activity Director in the absence of Discharge Planner) will obtain smoking materials for those residents unable buy cigarettes for themselves. The Director of Discharge Planning (or Activity Director) will then label those materials and secure in the locked location. · On January 24, 2012 copies of the revised Smoking Policy, effective on that date were placed in the file cabinets for nurses use to continue to aid in the education of new admissions regarding the smoking policy. 100 % of all staff nurses were in-serviced by Director of Nursing and Staff Development Coordinator. In-service included education of this policy with each new admission during the admission process. · No Smoking in Facility Document added to Admission packet to be reviewed and signed by Responsible Party or Resident. The information will be presented and signed by the Admissions Director or Admissions Coordinator and counter signed by Responsible Party or Resident to acknowledge receipt and understanding prior to or at time of admission. The Activity Director and two Nursing Assistants have educated all current 	F 323			

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F 323	<p>Continued From page 18</p> <p>residents about the "No Smoking" in building. 100% of all current residents educated and signed on the "No Smoking" in the building and are aware a breach of this may result in the initiation of discharge. If the patient was unable to sign, then the Responsible Party was called and annotated on the Carolina Rehab Center of Burke Smoking Policy and countersigned by the educator.</p> <p>4.</p> <ul style="list-style-type: none"> The 200 Hall nurse will monitor the sign out sheet located with the locked box for smoking materials at each shift change daily. If any smoking material was not returned the nurse will follow up immediately in order to locate the missing smoking materials. If unable to locate smoking materials the 200 Hall nurse will notify the administrator and director of nursing immediately. Results of every shift check will be reviewed 5 times weekly by unit manager for a period of 2 weeks, then 3 times weekly for a period of 2 weeks, then weekly for a period 4 months and on-going.. The results will be reported to the Quality Assurance Committee monthly for a period of 6 months to review for revisions and compliance. Admitting Nurse completes the Admitting Check of List that includes 1) Safe Smoking Assessment, 2) Smoking Care Plan 3) Review of Smoking Policy and Education regarding no smoking inside the facility. The Admitting Check Off List will be reviewed by the unit manager. The Unit Manager will ensure documentation of the smoking education including a copy of the policy was provided to each patient who expresses a desire to smoke. This will be monitored 5 times weekly by unit manager for a 	F 323		

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/25/2012
NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF BURKE			STREET ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612		
(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 19</p> <p>period of 2 weeks, then 3 times weekly for a period of 2 weeks, then weekly for a period 4 months and on-going. The results will be reported to the Quality Assurance Committee monthly for a period of 6 months to review for revisions and compliance.</p> <p>Administrator will review each admission chart to ensure completion of required Smoking Education. This will be done after admission. The Smoking Education Audit will be completed to check and ensure that 1) Smoking Education Form Used 2) Signature of Responsible Party/Resident 3) Signature of Admissions Representative. This will be monitored 5 times weekly by unit manager for a period of 2 weeks, then 3 times weekly for a period of 2 weeks, then weekly for a period 4 months and on-going. The results will be reported to the Quality Assurance Committee monthly for a period of 6 months to review for revisions and compliance.</p> <p>Immediate Jeopardy was removed on 01/25/12 at 2:48 PM with interviews of direct care and licensed nursing staff who confirmed they received in-service training on 01/25/12.</p> <p>Interviews with direct care staff and licensed nursing staff revealed awareness of the facility's changed smoking policy and systems in place to monitor use of smoking materials and not sharing smoking materials with residents. Interviews with residents deemed safe smokers revealed they were aware of systems in place to monitor smoking materials and knew not to share smoking materials with other residents. Interviews with facility staff involved in admissions revealed they were aware of new forms utilized</p>	F 323			

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F 323	Continued From page 20 during the admission process to inform residents of the facility smoking policy. Observations of staff correctly implementing measures to ensure residents were safe and adequately supervised while smoking and cigarettes and lighters were stored as planned. Review of safe smoking assessments to ensure residents were correctly assessed as being safe smokers.	F 323			