

OCT 21, 2013

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PRINTED: 10/07/2013  
FORM APPROVED  
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345369	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/26/2013
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NAME OF PROVIDER OR SUPPLIER  REX REHAB & NSG CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4420 LAKE BOONE TRAIL RALEIGH, NC 27607
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(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
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F 000	INITIAL COMMENTS  No deficiencies were cited as a result of the complaint investigation conducted on 9/26/13. Event ID # ORPC11.	F 000		
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS  The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.  This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, the facility failed to provide routine dental services for 1 of 1 sampled resident's reviewed for dental needs (resident #25). Findings included:  The facility dental policy dated December 2003 read: " Rex Rehabilitation and Nursing Care Center (RRNCC) recognize dental health as an integral component of a patient's /resident's health care needs. Patients/residents may continue to use their own dentist. In order to ensure each patient/resident receives comprehensive care, RRNCC makes provision for dental care to be provided off site by a dental consultant. "	F 412	<u>F412</u>  • Based on observation, interviews and record review during the annual state survey, September 23 – 26, 2013, the state surveyors determined that the facility failed to provide routine dental services for 1 of 1 sampled resident's reviewed for dental needs. The surveyors found no evidence of any dental assessments or evaluations on resident #25 since admission in 2010. During the state survey the Unit Secretary arranged a dental appointment for resident #25.  • An audit will be completed by the Unit Secretary or designee to ensure all Long Term Care Residents have had routine dental services within the last year. If it is found that a resident has not had routine dental services within the last year, assistance making a dental appointment will be immediately offered. A contract is being initiated and will be in place by 10/24/13 with University of North Carolina – Chapel Hill Dental School to provide dental services for the residents at Rex Rehabilitation and Nursing Care Center of Raleigh.	9/26/13   10/24/13  10/24/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Davidelle B. [Signature]* TITLE Administrator DATE 10/18/13

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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NAME OF PROVIDER OR SUPPLIER  REX REHAB & NSG CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4420 LAKE BOONE TRAIL RALEIGH, NC 27607		
(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 412	<p>Continued From page 1</p> <p>Resident #25 was admitted to the facility on 2/6/10 with cumulative diagnoses of a cerebral vascular accident and dementia. His quarterly Minimum Data Set dated 7/16/13 indicated resident #25 was severely cognitively impaired and required total assistance with all of his activities of daily living.</p> <p>In a family interview on 9/24/13 at 2:24 PM, the family member stated that resident #25 broke off a tooth to his left lower jaw and the facility was working to make an appointment with a dentist. Observation of resident #25 revealed a tooth to the left lower jaw broke with discoloration noted to the broken tooth and tooth next to it. The family member stated that resident #25 did not have trouble eating and it did not appear that he was in pain during their visits.</p> <p>In an interview on 9/24/13 at 3:00 PM, nursing assistant (NA) #2 stated that resident #25 had broken his tooth over a month ago. NA #2 stated she had told her charge nurse and thought someone had made him a dental appointment.</p> <p>In an interview 9/24/13 at 3:05 PM, nurse #2 stated resident #25 was on scheduled narcotic and there was no evidence of him experiencing pain. Nurse #2 stated she was unaware that resident #25 had a broken tooth because she normally floated and did not regularly work with him.</p> <p>In an interview on 9/24/13 at 3:10 PM, the ward secretary (WS) stated she had been trying to get him a dental appointment but could not find a dentist who would accept Medicaid. The WS stated that to her knowledge, they did not have any dental services for residents on Medicaid or</p>	F 412	<ul style="list-style-type: none"> <li>To ensure this deficient practice does not recur; a new Dental Assessment/ Services policy and procedure has been written. Nursing staff will be educated on the new policy and procedure. The Director of Nursing Services, Clinical Manager or designee will complete a monthly audit to ensure residents have received at minimum, annual dental services.</li> <li>Any discrepancies found in the routine dental services audit will be corrected by immediately offering assistance with making an appointment for dental services. The audits will be taken to the QAPI Committee for review monthly for the first three months. If there have been no discrepancies for the first three months, audits will be brought to the QAPI Committee once a quarter for four quarters or until there have been two consecutive quarters with no discrepancies.</li> </ul>	<p>10/17/13</p> <p>10/24/13</p> <p>10/24/13</p> <p>11/7/13 &amp; ongoing</p>	

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NAME OF PROVIDER OR SUPPLIER  REX REHAB & NSG CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4420 LAKE BOONE TRAIL RALEIGH, NC 27607		
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F 412	<p>Continued From page 2</p> <p>resident who could not transfer into a dental chair.</p> <p>In an interview on 9/24/13 at 3:15 PM, the unit manager (UM) stated she was unable to find an incident report regarding when resident #25 may have broken his tooth. She stated she thought it was about a month or so ago. The UM stated they facility provided no dental services for resident's who require assistance with transfers into a dental chair. She stated that it was up to the responsible party of a resident to obtain dental care. The UM stated it was a problem in Wake County to find a dentist who would come to the facility or a dentist who would take Medicaid as a payer.</p> <p>In an interview on 9/24/13 at 3:38 PM, the director of nursing (DON) indicated the facility did not provide dental services. The DON stated most dentist do not take Medicaid and the facility did not have a dentist to provide routine or preventive dental care. The DON stated awareness of the regulation for dental services. She stated there was no company providing dental services to residents who could not transfer into a dental chair.</p> <p>A review of resident #25's medical record did not reveal any nursing notes indicating when his tooth was broken. There was no evidence of weight loss over the past six months. There was an order for a dental consult dated 9/18/13.</p> <p>At 9:50 AM on 9/25/13, the WS stated she had gotten resident #25 a dental appointment for next week and University of North Carolina dental school.</p>	F 412			

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NAME OF PROVIDER OR SUPPLIER  REX REHAB & NSG CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4420 LAKE BOONE TRAIL RALEIGH, NC 27607		
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F 412	Continued From page 3  In an interview with the administrator on 9/25/13 at 10:00 AM, she stated awareness of the regulation regarding dental care. The administrator stated she thought each resident was to have an annual dental evaluation at minimum.  In another interview with the administrator at 12:00 PM on 9/25/13, she stated she was aware of problem and that there was no evidence of any dental assessments or evaluations on resident #25 since admission in 2010.	F 412			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345369	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING  B. WING	NOV 22 2013	(X3) DATE SURVEY COMPLETED  11/06/2013
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NAME OF PROVIDER OR SUPPLIER  REX REHAB & NSG CARE CENTER	STREET ADDRESS 4420 LAKE BOONE TRAIL RALEIGH, NC 27607
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K 000	INITIAL COMMENTS  This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III (211) construction, one story, with a complete automatic sprinkler system.	K 000		
K 056 SS=D	The deficiencies determined during the survey are as follows: <b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	K 068	<u>K056</u>  • It was identified during annual Life Safety Survey that this requirement was not met based on an observation on 11/6/13 there was storage in the closets of rooms 179 and 178 that was blocking the sprinkler head. The shelves in these rooms will be removed from the closets at their current height and a red line will be painted/ taped on the wall indicating the appropriate distance that storage must be kept from the sprinkler head. (The shelf will be replaced at a lower height and families will be educated via letter mailed 11/22/13 that storage cannot be place above the red line. The shelf will be replaced after the New Year.)	12/13/13
K 081 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 11/06/2013 there was storage in the closets of rooms 179 and 178 that was blocking the sprinkler head. <b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Required automatic sprnkler systems have	K 081	• All the patient/ resident room closets will have their shelves removed from the closets at their current height and a red line will be painted/ taped on the wall indicating the appropriate distance that storage must be kept from the sprinkler head. (The shelf will be replaced at a lower height and families will be educated via letter mailed 11/22/13 that storage cannot be place above the red line. The shelf will be replaced after the New Year.)	12/21/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Administrator DATE: 11/22/13

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K 061	Continued From page 1 valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1  This STANDARD is not met as evidenced by: A. Based on observation on 11/06/2013 the tamper alarm on the backflow preventer failed to give an alarm. 42 CFR 483.70 (a)	K 081	<ul style="list-style-type: none"> <li>To ensure this deficient practice doesn't recur, maintenance or designee will conduct monthly room audits after the new shelves have been replace to confirm there is no storage above the red line. If storage is found to be above the red line, it will be immediately removed.</li> <li>Any discrepancies from the monthly audits will be reviewed at the monthly QAPI Meeting for 3 months and quarterly thereafter, until there have been two consecutive quarters with no discrepancies.</li> </ul> <p><u>K 061</u></p> <ul style="list-style-type: none"> <li>During the annual Life Safety Survey this requirement was not met based on an observation on 11/6/13 that the tamper alarm on the backflow preventer failed to give an alarm. Honeywell will come inspect the fire panel and complete any service necessary to fix the tamper alarm to ensure it sounds when there is a supervisory signal such as a tamper alarm.</li> </ul>	12/21/13 & Ongoing  1/2/14 & Ongoing  12/21/13

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: ORPC21

Facility ID: 923427

If continuation sheet Page 2 of 2

▪ After work is completed by Honeywell a system test will be performed to ensure the tamper alarm on the backflow preventer sounds during the alarm.

12/21/13

• To ensure this deficient practice doesn't recur, maintenance or designee will conduct monthly checks confirming the tamper alarm on the backflow preventer sounds during the alarm. If there are ever any discrepancies, Honeywell will be immediately notified so the problem can be corrected.

12/21/13

▪ Any discrepancies the monthly tests will be reviewed at the QAPI Meeting monthly for the first 3 months and quarterly thereafter, until there have been two consecutive quarters with no discrepancies.

1/2/14

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Ongoing

page 3 of 3