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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                       |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345348</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>04/29/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WHISPERING PINES NURSING &amp; REHAB CENTER</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>523 COUNTRY CLUB DRIVE<br/>FAYETTEVILLE, NC 28301</b>   |                      |   |
| (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 282<br>SS=D  | <p><b>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</b></p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on record review, observation and staff interviews, the facility failed to follow the care plan not to place a straw in the liquid of a resident that was at risk for swallowing difficulties for 1 of 3 residents care plans reviewed (Resident #4). Findings included:</p> <p>Resident #4 was admitted into the facility on 2/26/13. Diagnoses included dysphagia (difficulty swallowing) and dementia. The thirty day minimum data set completed on 2/17/14 indicated Resident #4 cognitive pattern was moderately impaired. Swallowing disorder was not listed. The care plan dated 1/22/14 indicated "no straws."</p> <p>During an observation on 4/29/14 at 8:45 am, Resident #4 orange juice was observed with a straw in the liquid. When the resident sipped the orange juice through the straw he immediately started coughing upon drinking through the straw. NA (nursing assistant) #1 acknowledged that she was responsible for setting the resident's meal tray before him.</p> <p>In an interview on 4/29/14 at 8:47 am, NA #1 when questioned regarding why was there a straw in the orange juice, she stated that she did not read the meal card, prior to placing the tray</p> | F 282   | <p>The straw was immediately removed from the resident's beverage. Resident lungs sounds were assessed for symptoms of aspiration on 4/29/14 and chest x-ray obtained on 4/30/14. Both were negative for signs of aspiration. Speech Therapist screened resident on 4/29/14 and confirmed that straw restriction should continue. Care plan and Kardex were reviewed on 4/29/14.</p> <p>Meal cards for all residents should be read and complied with by dietary and nursing staff. Dietary and nursing staff were in-serviced by 5/4/14 regarding reading the meal tickets which often contain care plan interventions. All charts were reviewed for a diagnosis of dysphagia on 5/5/14. For dysphagia residents, their care plan, Kardex, and meal ticket were reviewed to ensure that special instructions were present and accurate on 5/5/14.</p> <p>Dietary will no longer wrap a straw with the silverware. Dietary staff were in-serviced on 4/29/14 to this new procedure.</p> | 5/20/14              |   |

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

TITLE

(X6) DATE

Electronically Signed

05/19/2014

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 282  | Continued From page 1<br>before the resident. She acknowledged that the resident was not supposed to have a straw per the special instructions indicated on the meal card.<br><br>In an interview on 4/29/14 at 8:50 am, the director of nursing stated that she expected the nursing assistants to read the meal card prior to allowing the resident to eat, to ensure that appropriate items were on the meal tray.<br><br>In an interview on 4/29/14 at 12:14 pm, Nurse #1 acknowledged that she was responsible for developing residents' care plan. Per Nurse #1 review of Resident #4's care plan dated 1/22/14, she indicated that she expected the care plan to be followed with "no straws" on the meal tray. | F 282   | New CNAs will receive training on meal tickets and care plans during orientation effective 5/5/14. Beginning 5/5/14, the Clinical Team will review new orders each morning for special feeding instructions. The care plan, Kardex, and meal ticket will be updated, if necessary.<br><br>Beginning 5/3/14, Dining Services Audit will be completed three times weekly for four weeks and then monthly for three months to monitor the performance of dietary and nursing staff. Director of Nursing Services (DNS) and/or designee will complete the audit. The audits will be reviewed weekly for four weeks by the Executive Director (ED) and DNS for areas that may need further training. Findings of the audits will be discussed in the monthly QMP Meeting for three months. First QMP meeting was held 5/19/14. Policies, procedures, and training will be adjusted if needed. |                      |   |
| F 309<br>SS=D  | 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING<br><br>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, observation and staff  | F 309   | The straw was immediately removed  | 5/20/14              |   |

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| F 309  | <p>Continued From page 2</p> <p>interviews, the facility failed to ensure that a straw was not placed in the liquid of a resident that was at risk for aspiration and difficulties swallowing for 1 of 3 residents records reviewed for swallowing difficulty (Resident #4). Findings included:</p> <p>Resident #4 was admitted into the facility on 2/26/13. Diagnoses included dysphagia (difficulty swallowing), paralysis agitans and dementia. The thirty day minimum data set completed on 2/17/14 indicated Resident #4 cognitive pattern was moderately impaired. Swallowing disorder was not listed. The care plan dated 1/22/14 indicated "no straws."</p> <p>Review of the physician order for April 2014 in part read "mechanical soft thin liquids to begin with morning meal on 2/6/14."</p> <p>Review of the speech therapist progress and discharge summary dated 2/17/14 in part read "1) the patient will follow safety strategies for swallow of ordered diet with 90% accuracy with verbal, tactile and visual instruction/cues, 2) precautions: aspirations, debility."</p> <p>Review of the diet order instruction card on the meal tray for 4/29/14 in part read "special instruction: no straw."</p> <p>During an observation on 4/29/14 at 8:45 am, Resident #4 orange juice was observed with a straw in the liquid. When the resident sipped the orange juice through the straw, immediately he started coughing upon drinking through the straw. NA (nursing assistant) #1 acknowledged that she was responsible for setting the resident's meal tray before him and placing the straw in the orange juice.</p> | F 309   | <p>from the resident's beverage. Resident lungs sounds were assessed for symptoms of aspiration on 4/29/14 and chest x-ray obtained on 4/30/14. Both were negative for signs of aspiration. Speech Therapist screened resident on 4/29/14 and confirmed that straw restriction should continue. Care plan and Kardex were reviewed on 4/29/14.</p> <p>Meal cards for all residents should be read and complied with by dietary and nursing staff. Dietary and nursing staff were in-serviced by 5/4/14 regarding reading the meal tickets which often contain care plan interventions. All charts were reviewed for a diagnosis of dysphagia on 5/5/14. For dysphagia residents, their care plan, Kardex, and meal ticket were reviewed to ensure that special instructions were present and accurate on 5/5/14.</p> <p>Dietary will no longer wrap a straw with the silverware. Dietary staff were in-serviced on 4/29/14 to this new procedure.</p> <p>New CNAs will receive training on meal tickets and care plans during orientation effective 5/5/14. Beginning 5/5/14, the Clinical Team will review new orders each morning for special feeding instructions. The care plan, Kardex, and meal ticket will be updated, if necessary.</p> <p>Beginning 5/3/14, Dining Services Audit will be completed three times weekly for four weeks and then monthly for three</p> |                      |   |

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| F 309  | Continued From page 3<br><br>In an interview on 4/29/14 at 8:47 am, NA #1 when questioned regarding why was there a straw in the orange juice, she stated that she did not read the meal card, prior to placing the tray before the resident. She acknowledged that the resident was not supposed to have a straw in his liquids per the special instructions on the meal card.<br><br>In an interview on 4/29/14 at 8:50 am, the director of nursing stated that she expected the nursing assistants to read the meal card prior to allowing the resident to eat, to ensure that appropriate items were on the meal tray.<br><br>In an interview on 4/29/14 at 9:15 am, the dietary manager stated that the dietary staff prepared a straw in the napkin for all residents' during tray/meal preparation. She concluded that the nursing staff is responsible for reading the special instructions indicated on the meal card prior to allowing the residents to eat.<br><br>In an interview on 4/29/14 at 10:45 am, the speech therapist (ST) stated based on the discharge summary and evaluation completed on 2/17/14, Resident #4 should not be drinking through a straw due to the resident was unable to swallow safety with a straw. He (ST) provided a rationale that drinking through a straw would cause the liquids to shoot to the back of the resident's throat in a quick manner, and the resident did not have the muscular ability to control the liquids when swallowing, when introduced in this manner. | F 309   | months to monitor the performance of dietary and nursing staff. Director of Nursing Services (DNS) and/or designee will complete the audit. The audits will be reviewed weekly for four weeks by the Executive Director (ED) and DNS for areas that may need further training. Findings of the audits will be discussed in the monthly QMP Meeting for three months. First QMP meeting was held 5/19/14. Policies, procedures, and training will be adjusted if needed. |                      |   |