

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

PRINTED: 03/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345505	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/11/2015
NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF CUMBERLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306		
(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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide enteral nutrition (a way to provide food through a tube placed in the stomach) as ordered for 1 of 1 resident reviewed for tube feeding (Resident #1). Findings included: Resident #1 was admitted into the facility on 2/6/15. Diagnoses included Gastrostomy Tube (G-Tube), Depression, Diabetes, Hypercholesterolemia (elevated cholesterol in the blood) and Hypertension. The Minimum Data Set was in progress. The FL2 (level of care screen tool) created on 2/6/14 indicated the resident mental status was intermittent to person, however not oriented to place or time, and was totally dependent with ambulation, transfers and eating. Special nutritional needs was indicated with a feeding tube and a therapeutic diet: Glucerna 1.2 liters = 0-4 ml (milliliters) with a goal rate 60 ml/hour. Review of the admission alert sheet dated 2/6/15 read "Peg Glucerna 1.2." A peg refers to a feeding tube placed through the abdominal wall into the stomach, to allow nutrition to be administered directly into the stomach. A review of the nurses notes dated 2/6/15 at 3:39 pm Nurse #1 documented "Resident admitted,</p>	F 309	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. F309 How corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident #1 has been discharged. 02/13/2015 How corrective action will be accomplished for those residents having potential to be affected by the same</p>	3/8/15	

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

TITLE

(X6) DATE

Electronically Signed

03/04/2015

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 309	Continued From page 1 orders verified." On 2/7/15 at 10:33 pm the nurse notes read "You have entered an order: Glucerna 1.2 Cal 120 ml via gastrostomy tube (tube in stomach) every four hours for diet." At 10:36 pm, Nurse #1 documented "Bolus feeding provided." A review of the physician order summary report dated 2/7/15 revealed an active phone order that directed to give "Glucerna 1.2 Cal liquid (240 ml) via tube every 4 hours for diet." The start date was indicated as 2/8/15. A review of the nurses notes dated 2/8/15 at 3:02 pm, Nurse #1 documented "Bolus tube feedings given as ordered." On 2/9/15 at 4:42 pm, Nurse #1 documented "No pump available." A review of the physician order summary further revealed a discontinued verbal order that directed on 2/9/15 "Enteral feed - Provide patient with Glucerna 1.2 at 65 ml/hour continuously." A review of the care plan initiated on 2/9/15 in part read "The resident requires tube feeding (G-Tube). Intervention: Provide tube feeding per physician order." The Registered Dietitian documented as part of her assessment on 2/10/15 "Glucerna 1.2 240 ml every four hours due to pump not available. Patient is tolerating bolus feeding per nursing report. Once pump is received, feedings will be Glucerna 1.2 65 cc (ml)/hour continuously." A review of the medication administration record (MAR) revealed the following: 1. An order date 2/7/15 at 10:31 pm. Discontinued date 2/7/15 at 10:35 pm "Glucerna 1.2 Cal liquid (nutritional supplement) 120 ml via G-Tube every four hours for diet." 2. An order date 2/7/15 at 10:35 pm for Glucerna 1.2 Cal liquid (nutritional supplements) to be administered 240 ml via G-Tube every four hours for diet. The MAR did not reflect Resident #1 received enteral nutrition feedings on 2/6/15	F 309	deficient practice? All residents with enteral tube feeding orders were reviewed by the Registered Dietician for accuracy. 02/09/2015 What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur? Registered Dietician in-serviced on policy #711 Enteral and Parenteral Support 02/12/2015 Registered Dietician's contact number was placed at each nursing unit. 02/12/2015 All staff nurses in-serviced on policy #711 Enteral and Parental Support 03/08/2015 All newly hired staff nurses will be in-serviced during orientation. No staff nurse will be allowed to work until in-service is complete. All staff nurses in-serviced on entering enteral tube feedings into the electronic medical record system. 03/08/2015 All newly hired staff nurses will be in-serviced during orientation. No staff nurse will be allowed to work until in-service is complete. 03/08/2015 All new admissions/re-admissions with enteral tube feeding orders will be audited, using the admission audit tool, to ensure tube feeding orders are entered into the electronic medical records system accurately. 03/08/2015 Facility Dietitian Consultant will complete enteral nutrition accuracy audits weekly times 4 weeks and at least monthly thereafter to ensure compliance. 03/08/2015		

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F 309	Continued From page 2 (after admission into the facility) and 2/7/15 (except at 10:36 pm per the nurse note). Nurse #1 who documented on 2/6/15 at 3:39 pm Resident #1's orders were verified was not available on 2/10/15 or 2/11/15 to be interviewed. In an interview on 2/11/15 at 11:13 am, the interim Director of Nursing stated she expected orders to have been clarified so the resident could have received enteral feeding as soon as possible, after admission. The DON further provided a sticky note, which reflected Nurse #2 was the primary nurse for Resident #1 on 2/6, 2/7/15 from 7 pm - 7 am. The sticky note also indicated Nurse #1 was the nurse on 2/7/15 from 7am - 11 pm. In an interview on 2/11/15 at 11:53 am, Nurse #2 stated if she administered tube feedings to the resident while under her care, such would be reflected on the MAR.	F 309	How the facility plans to monitor its performance to make sure that solutions are sustained: The admission audit tool will be reviewed in the morning meeting 5 times per week times 4 weeks, 1 time per week times 4 weeks, monthly times 3 months, quarterly times 3 quarters and as needed. 03/08/2015 Audit results will be reviewed in QA monthly times 3 months, quarterly times 3 quarters and as needed. 03/08/2015 Facility Dietitian audit results will be reviewed in QA monthly times 3 months, quarterly time 3 quarters and as needed. 03/08/2015		