

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/20/2015
NAME OF PROVIDER OR SUPPLIER CUMBERLAND NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION ROAD FAYETTEVILLE, NC 28306	
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F 282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</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: Based on staff interview, medical record review, and resident observation the facility failed to follow the care plan for providing active restorative range of motion per physical therapy and occupational therapy recommendation for 1 of 1 sampled residents (Resident # 1).</p> <p>The findings included:</p> <p>Resident # 1 was admitted to the facility on 4/24/2014 with diagnoses which included chronic pain, joint contracture, muscle spasms, nerve disease, Depression, Obesity and muscle weakness.</p> <p>The quarterly Minimum Data Set (MDS) dated 9/22/2015 indicated Resident # 1 's cognition was intact. MDS also indicated the resident required extensive assistance of two persons for bed mobility, toileting and bathing. The MDS further indicated the resident as having functioning limitation in range of motion on both sides of upper and lower extremities.</p> <p>A review of Resident # 1 's medical record revealed the resident was seen by Physical Therapy from 7/14/2014 until 7/17/2014. The resident was also seen by the Occupational</p>	F 282	<p>F 282 Criteria One</p> <p>Resident #1 Care Plan, Restorative Plan of Care and Care Guide was updated on 10/21/2015 for continued changes with the nursing restorative program as prescribed by the attending MD and PT and OT.</p> <p>Criteria Two:</p> <p>100 percent audit of all resident receiving restorative nursing will be completed by the DON, ADON, Restorative nurse and Staff Facilitator to determine the appropriateness of the program to maintain the resident's wellbeing and physical functioning by 10/30/2015. Any resident that is determined to not be appropriate; for Restorative Nursing will be discontinued and resident that is determined to require a revision will have the PT and MD Assesses for continued treatment. Residents care plan, Restorative Plan of care and Care guide was updated 10/30/2015.</p> <p>Criteria Three</p>	11/6/15

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

TITLE

(X6) DATE

Electronically Signed

11/04/2015

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 282	<p>Continued From page 1</p> <p>Therapy from 2/10/2015 until 2/23/2015. The Occupational Therapy (OT) and Physical Therapy (PT) departments both discharged the resident to the restorative nursing program to maintain ROM. Further review of the OT and PT discharge recommendations to the restorative department revealed Resident # 1 ' s exercises included the following: active range of motion (AROM)exercises: BUE(bilateral upper extremity) strengthening and ROM using Thera band for biceps curls, forward punches, shoulder flexion, shoulder rows, triceps extensions while seated X 6 days/week and transfer training exercises: BLE(bilateral lower extremity) straight leg raises, knee flexion/extension, hip rotation, ankle pumps while supine in bed and sitting x 2 sets of 3 reps(repetitions) x 6 days/wk(week).</p> <p>A review of Resident #1's care plans dated 10/6/2015, indicated Resident #1 had focus area indicating the resident was at risk for limitation in range of motion in upper/lower extremities. The care plan indicated the goal as will maintain mobility function, strength and flexibility to upper/lower extremities. The care plan interventions included Active Range of Motion (AROM)exercises: BUE(bilateral upper extremity) strengthening and ROM using Thera band for biceps curls, forward punches, shoulder flexion, shoulder rows, triceps extensions while seated X 6 days/week and transfer training exercises: BLE(bilateral lower extremity) straight leg raises, knee flexion/extension, hip rotation, ankle pumps while supine in bed and sitting x 2 sets of 3 reps (repetitions) x 6 days/wk.</p> <p>An observation of Resident # 1 on 10/20/15 at 10:30 AM, during bathing, revealed the resident</p>	F 282	<p>The DON, ADON, Restorative Nurse and Staff Facilitator will audit the resident's documentation, using a QI audit tool, who receive restorative nursing daily for seven days, weekly for four weeks and monthly thereafter for three months to ensure resident receiving RNSG are appropriate, updated where appropriate and Residents care plan, Restorative Plan of care and Care guide is revised as warranted. Any areas of concern will be addressed at the time of identification</p> <p>The Restorative Nurse, Restorative Certified Nursing Assistants were re-educated on 10/20/2015 by the Director of Nursing on the appropriateness of the program, and assuring residents are prescribed therapy.</p> <p>Criteria Four:</p> <p>The DON will review the completed audits with the Administrator Daily for seven days, weekly for four weeks and monthly for three months for further recommendations as indicated. The Administrator and Director of Nursing will review with the Executive Quality Assurance team monthly for further recommendations and revisions as indicated.</p>		

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F 282	<p>Continued From page 2</p> <p>required total assistance with all care and was not able to move from bed to the wheel chair on her own.</p> <p>On 10/20/2015 at 2:00 PM, an interview with Resident # 1 was conducted. She stated the Restorative Aides (RA) had not provided her with any AROM exercises as indicated in her plan of care for the last 2 months.</p> <p>Restorative Aide (RA) # 1 was interviewed on 10/20/15 at 3:00 PM. RA #1 stated she did not provide AROM to the resident as indicated in her plan of care. She added she was under the impression that changing the resident ' s pull ups and assisting her with positioning in her bed served as the active range of motion outlined in her restorative plan of care. She also indicated she did the best she could to go to see the resident during the week but she did not go to the resident ' s room 6 days/week to provide AROM to the resident as indicated in her restorative plan of care.</p> <p>An interview with RA #2 on 10/20/15 at 3:10 PM revealed Resident #1 was not currently receiving AROM as recommended by PT or OT. RA # 2 also reported that during the day she would go to the resident ' s room to find out if she needed anything and she would assist the resident with repositioning in her bed. RA # 2 further reported she did not provide AROM everyday as indicated in her restorative plan of care.</p> <p>On 10/20/2015 at 3:20 PM, an interview with the Restorative Program Supervisor was conducted. She stated her expectation of the Restorative Aides was for them to follow the plan of care as ordered by PT and OT. She further reported that</p>	F 282			

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F 282	<p>Continued From page 3</p> <p>she was not aware that Resident # 1 had not received her AROM for the last 2 months as ordered by the PT and OT departments. The Restorative Program Supervisor further added she was going to make a change in the restorative program by checking on the Restorative Aides daily to make sure they were providing services to the resident as ordered by the rehabilitation department.</p> <p>On 10/20/2015 at 3:30 PM, an interview with the MDS coordinator was conducted. She stated she was coding on the resident ' s MDS that the resident was receiving Restorative services but she was not aware that the Restorative Aides were not actually providing the services to the resident. MDS Coordinator further reported her expectation was for the Restorative Aides to provide restorative services to the residents at the facility as indicated in the residents ' plan of care.</p> <p>On 10/20/15 at 3:40 PM, an interview with Rehabilitation Department Director was conducted. She stated residents who were discharged from PT and OT were referred to the restorative program and nursing was given instructions on how to perform the restorative care with each resident. She further stated these instructions were then placed on the resident's care plan. The Rehabilitation Department Director further added that her expectation was for the facility staff to follow the residents ' plan of care as prescribed by the Rehabilitation Department. She also stated that in the case of a resident was not participating in the plan of care then the expectation was for the staff to notify the Rehabilitation Department so they could re-evaluate the resident.</p>	F 282			

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F 282	Continued From page 4 An interview on 10/20/15 at 4:00 PM with the Facility Administrator and Director of Nursing was conducted. The Administrator stated her expectation was that all residents who are discharged from PT and OT who need restorative care are getting restorative ROM or AROM to prevent or maintain ROM as ordered by the Rehabilitation Department. The Administrator added in the future he would monitor the Restorative Aides through close supervision to ensure they were providing ROM as ordered by the Rehabilitation Department.	F 282			
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on staff interview, resident interview, medical record review, and resident observation the facility failed to provide active restorative range of motion per physical therapy and occupational therapy recommendation for 1 of 1 sampled residents (Resident # 1). The findings included: Resident # 1 was admitted to the facility on 4/24/2014 with diagnoses which included chronic pain, joint contracture, muscle spasms, nerve	F 318	F318 Criteria One: The corrective action for Resident #1 was revise her restorative program to meet the needs of the resident. The schedule was adapted to determine the best course of action to maintain her wellbeing and physical functioning. She was interviewed on 10/21/2015 to assertion her needs and schedule. Residents care plan, Restorative Plan of care and Care guide	11/6/15	

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F 318	<p>Continued From page 5</p> <p>disease, Depression, Obesity and muscle weakness.</p> <p>The quarterly Minimum Data Set (MDS) dated 9/22/2015 indicated Resident # 1 ' s cognition was intact. MDS also indicated the resident required extensive assistance of two persons for bed mobility, toileting and bathing. The MDS further indicated the resident as having functioning limitation in range of motion on both sides of upper and lower extremities.</p> <p>A review of Resident # 1 ' s medical record revealed the resident was seen by Physical Therapy from 7/14/2014 until 7/17/2014. The resident was also seen by the Occupational Therapy from 2/10/2015 until 2/23/2015. The Occupational Therapy (OT) and Physical Therapy (PT) departments both discharged the resident to the restorative nursing program to maintain ROM. Further review of the OT and PT discharge recommendations to the restorative department revealed Resident # 1 ' s exercises included the following: active range of motion (AROM)exercises: BUE(bilateral upper extremity) strengthening and ROM using Thera band for biceps curls, forward punches, shoulder flexion, shoulder rows, triceps extensions while seated X 6 days/week and transfer training exercises: BLE(bilateral lower extremity) straight leg raises, knee flexion/extension, hip rotation, ankle pumps while supine in bed and sitting x 2 sets of 3 reps(repetitions) x 6 days/wk(week). "</p> <p>A review of Resident #1's care plans dated 10/6/2015, indicated Resident #1 had focus area indicating the resident was at risk for limitation in range of motion in upper/lower extremities. " The care plan indicated the goal as " will maintain</p>	F 318	<p>was updated by 10/21/2015.</p> <p>Criteria Two:</p> <p>100 percent audit of all resident receiving restorative nursing will be completed by the DON, ADON, Restorative nurse and Staff Facilitator to determine the appropriateness of the program to maintain the resident's wellbeing and physical functioning by 10/30/2015. Any resident that is determined to not be appropriate; for Restorative Nursing will be discontinued and resident that is determined to require a revision will have the PT and MD Assesses for continued treatment. Residents care plan, Restorative Plan of care and Care guide was updated by 10/30/2015.</p> <p>Criteria Three</p> <p>The DON, ADON, Restorative Nurse and Staff Facilitator will audit the residents documentation, using a QI audit tool, that receive restorative nursing daily for seven days, weekly for four weeks and monthly thereafter for three months to ensure resident receiving RNSG are appropriate, updated where appropriate and Residents care plan, Restorative Plan of care and Care guide is revised as warranted. Any areas of concern will be addressed at the time of identification</p> <p>The Restorative Nurse, Restorative Certified Nursing Assistants were re-educated on 10/20/2015 by the Director of Nursing on the appropriateness of the program, and assuring residents are</p>		

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F 318	<p>Continued From page 6</p> <p>mobility function, strength and flexibility to upper/lower extremities. " The care plan interventions included " Active Range of Motion (AROM) exercises: BUE(bilateral upper extremity) strengthening and ROM using Thera band for biceps curls, forward punches, shoulder flexion, shoulder rows, triceps extensions while seated X 6 days/week and transfer training exercises: BLE(bilateral lower extremity) straight leg raises, knee flexion/extension, hip rotation, ankle pumps while supine in bed and sitting x 2 sets of 3 reps (repetitions) x 6 days/wk. "</p> <p>An observation of Resident # 1 on 10/20/15 at 10:30 AM, during bathing, revealed the resident required total assistance with all care and was not able to move from bed to the wheel chair on her own.</p> <p>On 10/20/2015 at 2:00 PM, an interview with Resident # 1 was conducted. She stated the Restorative Aides (RA) had not provided her with any AROM exercises as indicated in her plan of care for the last 2 months.</p> <p>Restorative Aide (RA) # 1 was interviewed on 10/20/15 at 3:00 PM. RA #1 stated she did not provide AROM to the resident as indicated in her plan of care. She added she was under the impression that changing the resident ' s pull ups and assisting her with positioning in her bed served as the active range of motion outlined in her restorative plan of care. She also indicated she did the best she could to go to see the resident during the week but she did not go to the resident ' s room 6 days/week to provide AROM to the resident as indicated in her restorative plan of care.</p>	F 318	<p>prescribed therapy.</p> <p>Criteria Four:</p> <p>The DON will review the completed audits with the Administrator Daily for seven days, weekly for four weeks and monthly for three months for further recommendations as indicated. The Administrator and Director of Nursing will review with the Executive Quality Assurance team monthly for further recommendations and revisions as indicated.</p>		

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F 318	Continued From page 7 An interview with RA #2 on 10/20/15 at 3:10 PM revealed Resident #1 was not currently receiving AROM as recommended by PT or OT. RA # 2 also reported that during the day she would go to the resident ' s room to find out if she needed anything and she would assist the resident with repositioning in her bed. RA # 2 further reported she did not provide AROM everyday as indicated in her restorative plan of care. On 10/20/2015 at 3:20 PM, an interview with the Restorative Program Supervisor was conducted. She stated her expectation of the Restorative Aides was for them to follow the plan of care as ordered by PT and OT. She further reported that she was not aware that Resident # 1 had not received her AROM for the last 2 months as ordered by the PT and OT departments. The Restorative Program Supervisor further added she was going to make a change in the restorative program by checking on the Restorative Aides daily to make sure they were providing services to the resident as ordered by the rehabilitation department. On 10/20/2015 at 3:30 PM, an interview with the MDS coordinator was conducted. She stated she was coding on the resident ' s MDS that the resident was receiving Restorative services but she was not aware that the Restorative Aides were not actually providing the services to the resident. MDS Coordinator further reported her expectation was for the Restorative Aides to provide restorative services to the residents at the facility as indicated in the residents ' plan of care. On 10/20/15 at 3:40 PM, an interview with Rehabilitation Department Director was	F 318			

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

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F 318	<p>Continued From page 8</p> <p>conducted. She stated residents who were discharged from PT and OT were referred to the restorative program and nursing was given instructions on how to perform the restorative care with each resident. She further stated these instructions were then placed on the resident's care plan. The Rehabilitation Department Director further added that her expectation was for the facility staff to follow the residents ' plan of care as prescribed by the Rehabilitation Department. She also stated that in the case of a resident was not participating in the plan of care then the expectation was for the staff to notify the Rehabilitation Department so they could re-evaluate the resident.</p> <p>An interview on 10/20/15 at 4:00 PM with the Facility Administrator and Director of Nursing was conducted. The Administrator stated her expectation was that all residents who are discharged from PT and OT who need restorative care are getting restorative ROM or AROM to prevent or maintain ROM as ordered by the Rehabilitation Department. The Administrator added in the future he would monitor the Restorative Aides through close supervision to ensure they were providing ROM as ordered by the Rehabilitation Department.</p>	F 318			