

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345234	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/19/2018
NAME OF PROVIDER OR SUPPLIER LUMBERTON HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 WILLIS AVENUE LUMBERTON, NC 28358	
(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	F 000		
F 688 SS=D	<p>Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)</p> <p>§483.25(c) Mobility.</p> <p>§483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and</p> <p>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, resident interviews, staff interviews and record reviews, the facility failed to provide a hand roll recommended by the occupational therapist to be worn daily for up to 4 hours for one of one residents (Resident #25) observed for range of motion.</p> <p>Findings included:</p> <p>Resident #25 was admitted to the facility on 05/02/17. Diagnoses included, in part, morbid obesity, anxiety, and weakness.</p>	F 688	<p>F688</p> <p>1. Resident #25 began receiving was re-evaluated by a licensed Occupational Therapist and began receiving Occupational therapy on 04/19/2018. As of this writing (05/08/2018) she continues to receive Occupational Therapy. Occupational Therapy will continue until Resident #25 is evaluated by a Licensed Occupational Therapist and found to no</p>	5/18/18

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

TITLE

(X6) DATE

Electronically Signed

05/08/2018

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 688	Continued From page 1 The Minimum Data Set (MDS) quarterly assessment dated 01/18/18 revealed the resident was cognitively aware. She required an extensive assist with the assistance of two staff members with bed mobility, total dependence with assistance of two staff members with transfers and toileting, total dependence with assistance of one staff member with personal hygiene, and supervision with assistance of one staff member with eating. Resident #25 had an impairment to one side on the upper extremity and an impairment to both sides on the lower extremities. Resident #25 received 5 days of occupational therapy during this look back period. Resident #25 was not coded as receiving range of motion passive or active nor was she coded for the application of a splint or brace during this look back period. An observation of Resident #25 on 04/16/18 at 3:15 PM revealed Resident #25 ' s right hand was contracted and trembled. The nails were noted to be long, polished and neatly trimmed and there were no indentations in her palm. The palm of her hand was noted to be clean and free of odor. The resident was noted to be holding her hand in place at times during this observation. An interview with Resident #25 on 04/16/18 at 3:15 PM revealed she used to wear a splint on her right hand, but she did not know where it was. Resident #25 stated she wished she still had one because she needed something because of her pain and trembling. Resident #25 stated she had hold her hand to help support it and stop it from trembling. The care plans were reviewed and revealed there	F 688	longer benefit for such therapy. Resident #25 was fitted with a resting hand splint that the resident found more comfortable. Resident #25 will be offered the splint recommended by the licensed Occupational Therapist. 2 The Rehabilitation Manager will review all Therapy Discharge recommendations for the past three months to ensure all recommended therapies are or were provided as recommended. Should any unaddressed need be identified. The Director of Rehabilitation Therapy will bring the recommendation to the Interdisciplinary team to be immediately care planned and the recommended service provided. 3. The Rehabilitation Manager will bring all recommendations made upon discharge from Occupational, Physical and Speech therapies to the daily morning Stand Up Meeting and the individuals Care Plan Meetings. The Director of Nursing and Rehabilitation Manager will be responsible to ensure that any orders for continued therapy related needs are received and that any needed devices are available. The Rehabilitation Manager or her designee will ensure that facility staff have the knowledge to carry out recommendations. All residents will be discussed as needed concerning their need for the OT, PT, and ST during their care plan meeting, during		

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F 688	<p>Continued From page 2</p> <p>was no plan of care for splinting for Resident #25.</p> <p>The physician orders were reviewed and revealed there were no orders to apply a splint to Resident #25 ' s right hand.</p> <p>A record review of the Occupational Therapy (OT) discharge summary notes revealed Resident #25 was to safely wear a hand roll on the right fingers for up to 4 hours with minimal signs or symptoms of redness, swelling, discomfort or pain effective 02/09/18.</p> <p>An interview with Resident #25 on 04/17/18 at 9:30 AM revealed she used to have a hand roll but it was too big and did not do anything. Resident #25 stated she wore the hand roll when she had it. She stated during the month of March, the OT person took it and stated "we need to get you one that supports your wrist." Resident #25 stated she was a traveling OT and the day she took it was her last day. The resident stated it was about a month ago, but she could not recall the date. Resident #25 stated she never asked anyone about it because she thought it just took that long to order a new one. Resident #25 reported she needed something to help her to support her wrist better and decrease the pain in her arm.</p> <p>An interview with the Nursing Assistant (NA) #4 on 04/17/18 at 11:30 PM revealed the resident wore a hand roll and was supposed to wear it for 2 hours each day. NA #4 stated she usually took it off because it hurt her. NA #1 was unable to locate the hand roll at this time.</p> <p>An interview with Nurse #1 on 04/18/18 at 11:40 AM revealed there were no orders for Resident</p>	F 688	<p>the daily Medicare / Managed Medicare Meeting (for those having those payer types), and in morning as potential needs are identified by facility staff.</p> <p>The DHHS survey completed 04/19/2018 will be discussed at the next QAPI meeting and such will be documented on the minutes.</p> <p>4.</p> <p>The Rehabilitation Manager is document review and compliance with all therapy recommendations for the last three months.</p> <p>Care Plan documentation will reflect discussion and compliance with all therapy recommendations.</p> <p>Progress notes will reflect implementation of any recommendations upon an individual discharge from Therapy.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 688	<p>Continued From page 3</p> <p>#25 to wear a hand roll that she knew of. Nurse #1 reviewed the Medication Administration Record (MAR) and the Treatment Administration Record (TAR) and reported there was no order for a hand roll. Nurse #1 stated as long as she has worked on this unit she was not aware Resident #25 had a hand roll to be applied.</p> <p>An interview with the Rehab Manager on 04/18/18 at 2:35 PM revealed Resident #25 was on caseload with an OT from 12/21/17 through 02/09/18 and there was a recommendation to wear a hand roll on the right fingers for up to 4 hours with minimal signs or symptoms of redness, swelling, discomfort or pain. The Rehab Manager stated that the process for the therapy department was when the therapy staff discharged a resident and had recommendations, they would be responsible for giving the recommendations to the nursing manager and the nursing manager would put the order in so that nursing would know when and how long to apply the hand roll.</p> <p>An interview with the Director of Nursing (DON) on 04/18/18 at 3:08 PM revealed there was no order for the hand roll to be applied for 4 hours each day. The DON stated she did not know why the order was never written. She confirmed that the OT had recommended the hand roll and explained the process was that once OT had discharged the resident and made recommendations, then they go to the Unit Manager (UM) to advise them of the recommendation and the UM would write the order. The DON replied the UM never received the recommendation for Resident #25. The DON replied if she had, the staff would have discussed the recommendation during the standup meeting</p>	F 688			

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F 688	<p>Continued From page 4 (clinical morning meeting) and it would have been ordered.</p> <p>The Occupational Therapist was a traveling therapist and was unavailable for an interview. She no longer worked at this facility.</p> <p>An interview with the Rehab Manager on 04/19/18 at 10:18 AM revealed that based on the resident 's contracture, she should have been reevaluated and screened to manage the contracture. She stated she now has a resting hand splint that OT felt would provide more comfort and manage the contracture better than a hand roll.</p> <p>An interview with the DON on 04/19/18 at 3:00 PM revealed that her expectation was for the therapy department to communicate recommendations to nursing so nursing could update the care plans, implement an order and make sure it was communicated to the nursing department to ensure the recommendation was put in place.</p>	F 688			