

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

PRINTED: 11/15/2019
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 10/15/2019
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 000	INITIAL COMMENTS The survey team entered the facility on 10/3/19 to conduct a complaint survey and exited the facility on 10/5/19. Additional information was obtained through 10/9/19. On 10/10/19 a surveyor returned to the facility to conduct an investigation for a new allegation. Immediate Jeopardy was identified at: CFR 483.12 at tag F 600 at a scope and severity K CFR 483.90 at tag F925 at a scope and severity K Tag F 600 constituted Substandard Quality of Care. Immediate Jeopardy began on 9/15/19 and was removed on 10/11/19. An extended survey was conducted on 10/15/19.	F 000			
F 600 SS=K	Four of thirteen allegations were substantiated. Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must-	F 600		11/1/19	

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

TITLE

(X6) DATE

Electronically Signed

11/05/2019

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.

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 10/15/2019
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 600	<p>Continued From page 1</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident, staff and family interviews, physician and physician assistant (PA) interviews, paramedic interview, medical examiner interview, emergency telecommunication manager interview, pest control technician interview, police interview, and entomologist interview the facility neglected to prevent ants from entering a resident's rooms, staff neglected to immediately call 911 and keep the resident's oxygen and cardiac vest in place, and neglected to provide complete information about the resident's condition to Emergency Medical Services (EMS) staff who responded to the medical emergency for one (Resident # 1) of three sampled residents whose death was reviewed. Resident #1 was found in her bed covered in fire ants including her face, mouth and nose. Prior to calling 911 staff removed the resident's cardiac vest and oxygen and the resident went into cardiac arrest. Resident #1 experienced numerous fire ant bites and was transferred by EMS to the hospital for evaluation and treatment. Resident #1 expired while in the hospital. A physician interview revealed fire ant venom could have contributed to her death. The findings include:</p> <p>Immediate Jeopardy began on 9/15/19 when Nurse Aide (NA) # 5 found Resident # 1 covered with fire ants in her mouth, nose and "all over her body," and when Resident #1 was found staff neglected to call 911 before they removed the resident's cardiac vest, oxygen and provided the resident with a shower. The immediate jeopardy</p>	F 600	<p>This Plan of Correction is submitted in compliance with applicable law and regulation. To demonstrate continuing compliance with applicable law, the center has taken or will take the actions set forth in the following allegation of compliance. The following Plan of Correction constitutes the center's allegation of compliance. All alleged deficiencies have been, or will be completed by the dates indicated.</p> <p>F600</p> <p>The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited;</p> <p>¿ Resident # 1 was found covered in ants on 9/15/19 at 1:00 AM. She was breathing but not responding appropriately to the situation. The facility immediately took resident to the shower in an attempt to remove the ants. During this time resident #1 stopped breathing, CPR was initiated and 911 was notified. The facility failed to immediately notify 911 while simultaneously removing ants. The facility failed to ensure resident who was oxygen dependent received oxygen during the emergency. The facility failed to show it has a system to identify the type of ants getting into the building, that they have assessed all rooms and filled holes/cracks</p>		

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 10/15/2019
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 600	<p>Continued From page 2</p> <p>was removed on 10/11/19 when the facility provided an acceptable credible allegation of Immediate Jeopardy removal. The facility will remain out of compliance at a scope and severity level of D (not actual harm with the potential for more than minimal harm that is not immediate jeopardy) for the facility to complete staff training and to ensure monitoring systems put in place are effective.</p> <p>Resident #1's hospital discharge summary, dated 8/30/19, revealed she was admitted to the hospital on 8/23/19 for an exacerbation of her Chronic Obstructive Pulmonary Disease (COPD). While hospitalized a cardiac consult and catherization were completed. This showed the resident had no blockages but had experienced a heart attack because of "demand ischemia (not enough oxygen)." The resident was fitted and given a cardiac vest (a personal device which monitors the heart continuously and delivers a shock treatment if it detects a life threatening abnormal heart rhythm) prior to discharge to the facility where she was to receive therapy for strengthening.</p> <p>Resident #1 was admitted to the facility on 8/30/19 with diagnoses which included a history of diabetes without complications, hyperlipidemia, chronic pain, and atherosclerotic heart disease without angina, and COPD.</p> <p>According to 8/30/19 facility admission orders the resident was to receive oxygen continuously at 3 Liters/minute.</p> <p>During an interview with Facility Nurse Consultant on 10/5/19 at 10:00 AM, the consultant confirmed Resident #1 had a cardiac vest while she resided</p>	F 600	<p>which might allow entry; and that they have established a protocol in how to respond if fire ants are found to have swarmed a resident who needs both emergency help and help removing the ants; and a system to assure that information about fire ant stings is conveyed to all medical personnel to assure proper treatment and evaluation. How the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>¿ All residents have the potential to be affected by this deficient practice</p> <p>The measures that will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>" All certified nursing assistants will be educated on reporting all sightings of ants on a patient immediately to a nurse. This education was completed 10/11/2019 by Director of Nursing or designee.</p> <p>" The Director of Nursing (DON) and nursing administration completed training with all nurses about what information should be given to all EMS personnel when they are called to assist in emergency situations. The training included providing all pertinent medical information including abnormal health concerns for any resident from the previous 24-72 hours. This was completed 10/09/2019</p> <p>" All nurse education was completed 10/11/2019 by director of nursing or designee that upon discovery of a resident with fire ants on them we will assess vital signs, protect airways, instruct a staff member to notify 911, have a staff</p>		

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 10/15/2019
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 600	<p>Continued From page 3</p> <p>at the facility, and the resident was responsible and took care of maintaining the battery and any communication needed regarding it. Therefore, the consultant stated there would not have been an order for it or documentation about it in the facility notes.</p> <p>Resident #1's admission MDS (Minimum Data Set) assessment, dated 9/6/19, revealed the resident was cognitively intact. She was independent with her dressing, hygiene, and bathing. She needed supervision for ambulating.</p> <p>A nursing note entry written on 9/14/19 at 11:48 AM specified Resident #1 was alert and oriented with intermittent confusion noted. She was able to make her needs known to staff and utilized a call bell to do so. No complaints or discomfort were noted. Her respirations were even and unlabored with no shortness of breath noted during shift. The resident had been bleeding from her bilateral nostrils intermittently throughout shift but refused to let the nurse apply pressure to the nose or clean up her face and surrounding areas messed with blood. The resident's oxygen nasal cannula was noted to be filled and clotted with blood at one point from her bleeding nose. Her oxygen saturation dropped to 75 percent but when the bloody oxygen cannula tubing was changed her oxygen saturation increased to 91 percent.</p> <p>On 9/14/19 at 3:00 PM, another nursing entry specified the resident was alert and oriented to person and place, her oxygen saturation levels were 95 percent, and the bleeding from her nose had stopped. The resident was noted to have more labored breathing and an order was obtained for a mobile chest x-ray to be done.</p>	F 600	<p>member retrieve a crash cart, apply oxygen as needed while simultaneously attempting to remove fire ants.</p> <p>" All staff education began on 10/2/2019. Administrator educated department managers who provided education to their respective departments on the following components: Understanding fire ants as per information sheet provided on Red imported fire ants: a threat to nursing homes, identifying fire ants, removing patients from affected room if suspect fire ants, immediately contact maintenance director if any activity is suspected, when in resident rooms inspect floor, linen and window sill for ant activity. This education was completed on 10/3/2019.</p> <p>" Any employee that did not receive the education will be removed from the schedule until education is completed.</p> <p>" All new employees will be educated on the above topics during new hire orientation by director of nursing or designee.</p> <p>" On 10/10/2019 all resident room cove base on the wall the leads to the exterior was removed and inspected for cracks/holes and sealed if found. The cove base in all rooms was inspected and ensured no gaps exist. This was completed 10/10/2019</p> <p>" EcoLab pest control services performed bi-weekly ant treatments until November 1 and will resume April 1 through the late spring and summer per pest control recommendation. This began on 9/17/2019.</p>		

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 10/15/2019
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 600	<p>Continued From page 4</p> <p>Nurse # 1 had cared for Resident # 1 on 9/14/19 during the 7:00 AM to 3:00 PM shift. Nurse # 1 was interviewed by phone on 10/3/19 at 2:30 PM and reported the following. The resident bled profusely from the nose that day after breakfast and would not let the nurse pinch her nose or apply ice. There was blood on the sheets and on her clothes. The resident reported she had nose bleeds before and did not want to go to the hospital. After lunch the bleeding stopped. The resident was very alert that day but did have some trouble breathing. She had talked to the PA (Physician Assistant), who had informed her to do what the resident would allow them to do. A chest x-ray was ordered and done. When Nurse # 1 left, the resident was still alert and oriented with no fever, and her blood pressure was fine. Her oxygen level had "picked back up" after the oxygen cannula change.</p> <p>On 9/14/19 at 3:15 PM it was noted the chest x-ray order "for possible aspiration of blood due to epistaxis" was called into the mobile imaging company and the imaging company would be out to perform it that day.</p> <p>Resident # 1's chest x-ray findings, dated 9/14/19, showed the resident had a minimal infiltrate (a substance denser than air such as pus, blood, or protein in the lung).</p> <p>On 9/14/19 at 6:45 PM, the Physician Assistant (PA) gave an order for Avelox 400 milligrams (an antibiotic used to treat bacterial infections) every day for seven days for pneumonia.</p> <p>On 9/15/19 at the time of 2:35 AM Nurse # 3 documented, "Resident sent out to (hospital) approx. 1:15 AM due to respiratory distress."</p>	F 600	<p>How the facility plans to monitor its performance to make sure that solutions are sustained;</p> <p>" ç All resident rooms and exterior grounds inspected daily by maintenance department or designee initially provided by pest control technician for fire ant activity beginning on 9/16 and will continue daily x 4 weeks bi weekly x 4 weeks and monthly x 1. Any pest sightings will be reported to the Maintenance Director for treatment and EcoLab pest control services will be called for follow up as needed.</p> <p>The findings will be reviewed at the quarterly QAPI meetings x 2 for further review.</p> <p>Date of compliance is November 1, 2019 The Administrator is responsible for implementing the acceptable plan of correction.</p>		

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 5</p> <p>On 10/4/19 at 5:45 PM the facility provided written statements regarding the events prior to the resident being transferred to the hospital on 9/15/19. Noted below are some of the statements and interviews conducted with staff who cared for Resident # 1 prior to her hospital transfer on 9/15/19.</p> <p>Nurse Aide (NA) # 3 cared for Resident # 1 on 9/14/19 from 3:00 PM to 11:00 PM. NA # 3 was interviewed on 10/3/19 at 3:30 PM and reported the following. Usually Resident # 1 was very independent. On the evening of 9/14/19 she was drowsy. Her family came that evening. She was hot. The last time she saw the resident was on "walking rounds" between 11:00 PM shift change when she and the oncoming nurse aide went around to look in on residents. At that time, they peeked in on her and she was in bed sleeping and appeared okay. She had not seen any ants in the room that day, but she had in previous times; "three times total and no more." One time there were five or six ants at one time, and Resident # 1 and the roommate would call her. She would go in, kill the ants, and tell the nurse who was on duty. She did not know what kind of ants they were. They appeared black in color.</p> <p>NA # 5 cared for Resident # 1 on the shift which began at 11:00 PM on 9/14/19. NA # 5's statement read, "Started passing ice around 12:35 AM, went in (Resident # 1's room) and looked at her and thought she was black and changing colors, then I looked at her again. When I put her cup down and thought it was freckles, but I saw something moving and decided to call the nurse. When called her I said can you come see this lady in (Resident #1's room)? I think she</p>	F 600			

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 10/15/2019
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 600	<p>Continued From page 6 got ants on her face."</p> <p>NA # 5 was interviewed by phone on 10/3/19 at 4:03 PM and reported the following. When she was making rounds around 1:00 AM she thought the resident was black when she first saw her because she had so many ants on her. (The resident was Caucasian). She got closer to her and realized the black things were moving on her. She got Nurse # 3 and returned to the room with her. The resident's mouth and nose were "full of ants." They were "all over her upper body." Her mouth was open, and she was breathing. She was not moving or talking. She remembered Nurse # 4 and Nurse # 5 coming to help. They took her to the shower to wash off the ants. They did not take her oxygen with her to the shower. They went to get another bed for her after the shower, and when they put her on the bed the resident had stopped breathing. She had seen ants in the room one time before that date but had not reported the ants. Resident # 1's roommate had been messy with food and would drop food on the floor. Resident # 1's bed position had been swapped at some time to be where the roommate's bed was near the air conditioning unit. When Resident # 1 was found with ants on her, they appeared to be coming from around the air conditioning unit area of the room.</p> <p>Nurse # 3's written statement was dated 9/15/19 and read, "At approximately 0100 (1:00 AM), CNA (#5) reported to me that she 'thought the resident in (Resident # 1's room) may have ants on her face.' I immediately went to room -turned on the light switch and went to bed B to assess resident, (Resident # 1). On this assessment, I observed a significant amount of red ants, of various sizes to be crawling on resident's face, in her nose and</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	Continued From page 7 mouth, on her neck, upper torso and bilateral upper extremities. There was a clear 'trail' of ants noted on floor, to be coming from the wall next to the air conditioning unit. The ants were coming up the blanket; which was slightly touching the floor. I immediately sent the CNA to 'go get some wash cloths' (to try to remove as many ants as possible). The resident was awake, however was non-verbal. Respirations were shallow-but even & unlabored. CNA arrived back to the room with the wash cloths and was attempting with myself to remove as many ants as possible. I determined at that time that we would need additional help and I instructed CNA to continue removing as many ants as possible, while I ran to the nurse's station and page overhead for (Nurse # 4) to (unit) STAT (right away) then returned back to resident's room and used my scissors to cut her shirt vertically from her neck straight down the middle. Additional staff arrived (Nurse # 4, NA # 4, Nurse #5) and with their assistance we removed the rest of resident's clothing (including the 'Life Vest'). We transferred resident to w/c (wheelchair) and (NA # 4) held her feet up while I pushed the W/C quickly down to the shower room on (unit) hall- Nurse # 4 had ran ahead and cut the shower onto luke warm water. Myself and (Nurse #5) were on either side of resident in the shower stall and we used the handheld shower device to rinse as many ants as possible from resident's body. I took 4X 4 guaze pads and swabbed ants from resident's mouth as well. This process went fairly quick and (Nurse # 5) and I notice resident was starting to have periods of 'not breathing.' I asked Nurse (Nurse # 4) to check her 'code status' and he returned with information that she was a 'full code.' I instructed (Nurse # 4) to bring a bed to the hallway just outside shower room and (Nurse # 5, Nurse #4,	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 8</p> <p>Nurse # 2) and I transferred resident to the bed, placed backboard beneath resident and I began chest compressions after determining she was in cardiac arrest/ respiratory arrest. (Nurse # 5 and Nurse #2) were setting up ambu bag with high flow O2 (Oxygen) and Nurse # 4 went to (hall) desk and called 911 emergency services. I continued CPR with (Nurse # 5) giving rescue breath with ambu-bag and (Nurse # 4) printed off resident's paperwork with all pertinent information. I sent a CNA to the front door to allow access for 911 personnel to enter building. Upon their arrival they eventually took over CPR-which is when I instructed the two CNAs who were present to make a check of all of the other residents on (the unit) to ensure there were no additional issues with ants-which after checking-revealed this was an isolated incident. After 911 personnel took over resident's care-I immediately notified DON (Director of Nursing) regarding this situation. 911 personnel were making statements to each other regarding seeing ants coming from resident; however, they did not ask facility staff if we had noticed the ants. CPR continued through their departure from building. Resident's torso remained without clothing and I observed a gross amount of 'bites' on resident's face-neck-torso and bilat. upper extremities. Her skin was very pale white in color and the 'bites' were obvious with dark pink to red in color. After their departure from facility I called and notified resident's daughter via phone that resident had respiratory distress and had been sent via 911 to (hospital). She verbalized her understanding with appreciation for nurse having called."</p> <p>Nurse # 3 was interviewed on 10/3/19 at 4:45 PM and again on 10/4/19 at 3:15 PM. Nurse # 3</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	Continued From page 9 relayed the above events from her statement and the following information. Prior to 1:00 AM she had last seen Resident # 1 at 11:40 PM. She had looked in on her and, from the light of the hall, could see the rise and fall of her chest which indicated no respiratory distress at that time. She could also see that her oxygen was on. She remembered the time, because she was working a double shift that night. She had left the previous unit and arrived at Resident # 1's unit at 11:40 PM. At that time Nurse # 2 was still there, and she (Nurse # 3) went around to check on her new residents. When NA # 1 called her to the room around 1:00 AM, she went into the room, flipped on the light, and found the resident had ants on her face, neck, trunk, bilateral arms, and all over her clothes. They were red ants of various sizes. The resident opened her eyes and seemed to focus on Nurse # 3 as if she was aware the nurse was talking to her. She was breathing at the time. She was not moving or talking. Nurse # 3 directed NA # 5 to run get washcloths so they could wash the ants off her. While the NA ran for the washcloths, she reached in her pocket to grab her scissors in order to cut away the resident's clothing. When Nurse # 3 reached in her pocket, she felt her phone in the same pocket. It occurred to her that documentation would never describe the amount of ants that had covered Resident # 1, and therefore she grabbed her phone and within a matter of seconds went "boom-boom;" took two quick pictures for documentation purposes, threw the phone aside, and went to work cutting away the resident's clothing. She continued to tell the resident while she worked, "You are going to be okay. We are going to get these off of you. You are going to be okay." When NA # 5 returned to the room with the washcloths, she realized she needed more help and they	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	Continued From page 10 needed to get the resident in the shower. She paged stat (right away) for Nurse # 4 to come. When she did this, Nurse # 4 arrived with NA # 4, and also Nurse # 5 came. She removed the resident's cardiac vest and all of her clothing. Her oxygen was also removed and they didn't get any portable oxygen because they were working so fast with her. They got her to the wheelchair and ran with her to the hallway shower. Her linens with the ants were thrown into the resident's bathroom to contain the ants in them. While in the shower, they were "just wiping and wiping ants away" from Resident # 1's body. There were too many to estimate the number. Nurse # 5 said Resident # 1 was crashing and they saw her head had leaned forward. About three to five minutes had passed by while they had been getting her up and showered. She directed staff to get a clean bed. She recalled Nurse # 2 had still been in the facility and was also helping while the resident was in the shower. Nurse # 4 quickly placed a bed by the shower room door and they started CPR. Nurse # 4 went to call 911. EMS arrived and took over. They had been able to get the majority of the ants off in the shower but not all of them. EMS workers did not ask about the ants, and she did not tell them. When she returned to Resident # 1's room, she bagged the linen contained in the bathroom. The rest of the ants in the resident's room were "just gone." Nurse #3 stated she could not understand that because there had been a "pack of ants" going towards the bed earlier when they had walked in. The roommate did not seem cognizant about what had occurred. She called the Director of Nursing (DON) that night and she sent the pictures to her. Her nursing training and experience had prepared her to deal with medical emergencies but she had no training in finding a resident covered with fire	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 11</p> <p>ants. She had not seen ants before in the resident's room and was not aware of any ant problem prior to the incident. When she first found Resident # 1, the urgent matter to her had seemed to get the ants off her because she was still breathing, and since she was breathing the nurse did not take her pulse. As the paramedic stepped up on the stretcher to continue CPR while they were rolling Resident # 1 out, the nurse recalled seeing the bites on her torso, face, neck, and arms. She had not realized at the time that the resident's respiratory failure might have been due to the ants and not to her recently diagnosed pneumonia. She felt taking the pictures had delayed her response by seconds and not longer.</p> <p>Nurse # 2 was interviewed by phone on 10/3/19 at 2:50 PM. After her second shift ended on 9/14/19, she had remained to chart and help. She had been with another resident when she heard the page for help. Because she had known Resident # 1 had not been well earlier, she went to the room. When she entered Nurse # 3 was in Resident # 1's room. Resident # 1 looked like she was breathing, and she had "insects" all over her body; mostly on her abdomen, face, and thighs. She could not recall the number of insects but knew there were multiple ones. She did what Nurse # 3 directed her to do. Nurse # 4 entered in about two or three minutes after she did. They got her into the wheelchair and took her to the hallway shower. Nurse # 3, Nurse # 4, and Nurse # 5 and she were in the shower together with the resident. She did not recall exactly when the resident had no further pulse or respirations. She did recall they got a new bed and placed her in it. She did not recall if there were bites, and she did not know what EMS staff had been told.</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 12</p> <p>NA # 4, was interviewed via phone on 10/4/19 at 7:00 AM. NA # 4 reported the following in her interview. When she heard the page for STAT help, she went also and entered the room to find the nurses trying to get the resident out of bed. The resident was "covered with ants" from her "hair to feet." They were also in her ears, nose, mouth, and private areas. Her eyes were open, but she was not talking nor trying to move and get them off her. Once the resident was in the wheelchair, she picked up her legs and ran backwards as the nurse pushed the wheelchair to the shower room. She remembered Nurse # 3, Nurse # 4, Nurse # 5, and NA # 5 all being there and trying to get the ants off her. She did not recall when the resident stopped breathing but did recall they put her in the bed after the shower and started to perform CPR. She had not worked on that unit in awhile and she had not personally seen any ants in the room.</p> <p>Nurse # 5's, (who worked on the third shift which began on 9/14/19 at 11:00 PM) written statement read, "I (Nurse # 5) was on duty last night on 11-7 shift on 9/15/19. Around 1 AM or so when I heard over the intercom a page from the nurse to come to (name of unit) STAT. I took the crash cart and ran to the unit. After I have reached and noted (Nurse # 3) with one of the resident who sat in a wheelchair rushed into the shower room. (Nurse # 3) attempted to remove some small black things resembled ants which came from the resident's nares and buccal areas (inside the mouth). Then I noticed the resident very lethargic, pale, and unconscious. (Nurse # 3) requested a bed, CPR administered until EMS arrived and took over the situation."</p> <p>Nurse # 5 was interviewed on 10/3/19 at 6:05 PM.</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 13</p> <p>Nurse # 5 reported the following information in the interview. At 1:00 AM she heard a call for "stat" help which meant code to her. She took the crash cart to Resident # 1's unit. When she got on the unit, Nurse # 3 was taking Resident # 1 to the shower stall. The resident had her eyes closed and was breathing but was not responding otherwise. There was no oxygen on the resident. She had a sheet around her. She recalled seeing one or two ants on the resident's face coming from her mouth and nose. Her mouth and nose were black, and therefore it was hard to see. Once in the shower, Nurse # 3 was showering her. Nurse # 5 was not showering her. Nurse # 5 noticed the resident stopped breathing and told Nurse # 3 they needed to start CPR. A bed was gotten from across the hall, the resident was placed in it, and they started CPR. She did not recall bites.</p> <p>Nurse # 4's, written statement read, "At around 0105 (1:05 AM) the intercom system came on asking for me to come to (name of unit). I was in (another room) changing out a patient's tube feed. I immediately left the room and ran to (name of unit). Upon arrival to unit nursing staff was attempting to transfer patient to wheelchair. I assisted with transfer and was instructed to go ahead and cut the shower on luke warm water by (Nurse # 3). I cut the shower on and was instructed to get an empty bed. I was asked to check patient's "code status" as well. Patient was transferred from wheelchair to bed and became unresponsive. I was instructed to call 911 and to print off patient information. After doing so I returned to patient's side and helped nursing staff perform CPR. EMS and Fire Department arrived on scene and relieved nursing staff. Patient was hooked up to AED (automated external</p>	F 600			

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 10/15/2019
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 600	<p>Continued From page 14</p> <p>defibrillator) and EKG (electrocardiogram) by EMS and they stated that she had abnormal rhythm. EMS continued CPR while exiting facility."</p> <p>Nurse # 4 was interviewed by phone on 10/4/19 at 6:45 AM. Nurse # 4 reported the following in his interview. He went to Resident # 1's unit when he heard them page there was an emergency. When he entered the resident's room, Nurse # 3 was in the room trying to get the resident in the wheelchair. The resident's eyes were open and she was breathing. She was not moving or talking. He remembered seeing a "cluster" of ants around her shoulders. He grabbed around her arms to help lift her into the wheelchair. Nurse # 3 directed him to go turn on the shower, and then he ran to get a new bed. He then went to the nursing desk to view her code status and, while he pulled the code status up on the computer, he hit the print button for paperwork to transfer her out. Then other staff members called to him that the resident had stopped breathing, and he called 911. No more than 5 minutes elapsed while they were working to get the ants off of her and 911 called. He had not seen ants before in Resident # 1's room. During a follow up interview with Nurse # 4 on 10/5/19 at 6:45 AM, it was verified with him that he printed out the resident's face sheet and medication record prior to calling 911. The nurse stated when he pulled up the code status, he just automatically printed it out to be ready to go.</p> <p>Interview by phone with a police detective on 10/10/19 at 11:25 AM revealed the police had received the resident's recorded Cardiac Vest information which showed on 9/14/19 at 12:56:19 the resident was in bradycardia with a heartbeat of less than 40 beats per minute. At 1:10 AM on</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 15</p> <p>9/15/19 the Cardiac Vest was removed from her or turned off.</p> <p>Review of EMS records revealed the 911 call from the facility was received at 1:11:53 AM. EMS was dispatched at 1:13:35 AM. EMS was on scene at 1:16:00 AM.</p> <p>The County Telecommunication's Manager, who oversees the county's 911 call center, was interviewed by phone on 10/7/19 at 1:50 PM and reported the following. The call center does not have protocol instructions to give a caller for fire ants covering a resident. When the call came into them, the facility staff had reported the resident was non-responsive and CPR had been initiated. There was nothing mentioned about ants. They would have dispatched the crew with the same urgency regardless. If dispatched when the ants were first found, then they would have arrived on the scene sooner. They would not have given instructions about removing oxygen or life vest if asked over the dispatch call. The facility would have been referred to their protocol or physician. As an emergency telecommunications manager, he would think the appropriate response would be to call 911 initially in order to get the paramedics onsite.</p> <p>The Lead Paramedic, who responded to the 911 call, was interviewed by phone on 10/7/19 at 10:02 AM and reported the following. When EMS arrived Resident # 1 was in the hallway and not in her room. He removed 5-8 ants from her, but the staff did not mention anything about the ants. They reported she had been seen about 20 to 30 minutes prior. She had a "very, very slow pulseless electrical rhythm" (no pulse but slow heart rhythm). Her core was warm, and her</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 16</p> <p>extremities were cold and blue. There was a rash from her thoracic area to her pelvis which appeared to be red dots. If the staff had informed the EMS crew that she had been covered in ants, then he would have used a laryngoscope and opened her airway to look further down. They did not report any information about ants. EMS did give her epinephrine for the cardiac arrest, which would have been one of the treatments for ant bites as well.</p> <p>The Paramedic Manager of the responding crew was interviewed by phone on 10/7/19 at 12:50 PM and reported the following. The call went to the county 911 call center, and then his EMS crew was dispatched. In general, if his crew were to be dispatched and found a resident covered with ants and in distress or cardiac failure, then his paramedics are "great multitaskers." They are trained to clean and decontaminate a resident while dealing with a coding or declining resident.</p> <p>Emergency Room (ER) records for 9/15/19 revealed the resident entered the ER with cardiac arrest and expired in the ER. The ER physician noted, "Multiple small flat erythematous lesions on face and trunk. Note occasional ants crawling on patient's skin including head and face."</p> <p>The ER Physician was interviewed by phone on 10/7/19 at 3:15 PM. The ER Physician reported the following. When Resident # 1 arrived it was conveyed to him in the report that she had ants on her by the paramedics. At first, he also thought it was a rash on her trunk, but then he realized her trunk was literally covered with bites. One ant crawled out of her nose while the ER staff were working with her. According to the ER physician if an individual is covered in ants to the point that</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 17</p> <p>someone would mistake a Caucasian resident for a black resident, then there was a "good chance" the overwhelming fire ant venom did contribute to her death but stated he could not say for sure. According to the ER physician when an individual received hundreds of bites the body can have an overwhelming immune response to the venom which can contribute to death. If he had been told the extent of the ant coverage of her body, he would have used epinephrine or steroids in her treatment. They had used epinephrine to treat the cardiac arrest, so she got a drug that would have been used for the ant bites.</p> <p>Review of Resident # 1's death certificate revealed Resident # 1's PA signed on 9/18/19 that the cause of death was cardiopulmonary arrest with contributing factors of pneumonia, COPD, and chronic respiratory failure.</p> <p>Resident # 1's Family Member # 1 was interviewed by phone on 10/9/19 at 10:00 AM and reported the following. He had visited Resident # 1 on 9/14/19. He arrived around 2:30 or 3:00 PM and stayed until 4:30 or 5:00 PM. The resident seemed pale and her breathing was more labored, but "otherwise okay." He asked her if she wanted to go to see a doctor, and she had not wanted to do so. He helped move the position of her bed to the window side of the room with the roommate's and family's permission to do so. This was because she was hot. It was common for her to have nose bleeds. He usually visited daily and found the room to be clean. Her roommate had kept a lot of sodas but they were always closed. On 9/14/19 he remembers he brushed a "sugar ant" from Resident # 1's bed and "did not think anything about it." He didn't report it. When he left, he did not expect that</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 18</p> <p>Resident # 1 would pass away. He knew her vital signs were okay, and she was coherent. But when they called him later that night to let him know she had passed away, he was not surprised because of her medical history. No one from the facility had mentioned ants had been found on the resident.</p> <p>Resident # 1's Family Member # 2 was interviewed by phone on 10/9/19 at 11:20 AM. She received a phone call on 9/14/19 at 11:07 PM (which was 2:07 AM on 9/15/19 North Carolina time) from someone at the facility. The staff member told her Resident # 1 had been found in the entrance way door to the room on the floor, and they had to push her body away with the door to get to her. She was having trouble breathing and they sent her to the hospital. She called the hospital and the physician told her Resident # 1 had come into the ER in cardiac arrest, they tried to do their best, but she had not made it. No one had said anything about ants to her on 9/15/19. On 9/16/19 she received a phone call from the Administrator who told her they "were closing the investigation." She had not known there was an investigation and asked, "what investigation." She was told Resident # 1 had a "couple of ants" and she had "like two bites." She inquired of the Administrator if this had anything to do with her death and was informed her oxygen level had been low and in the 70's on 9/14/19, and she had not been doing well. She did not learn about the extent of the ant coverage on Resident # 1's body until a police officer informed the family that week.</p> <p>Interview with the County Medical Examiner on 10/5/19 at 11:44 AM revealed she was a paramedic by profession. It was her opinion that</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 19</p> <p>anytime a resident is found covered in ants, then EMS should be called right away.</p> <p>The DON was interviewed on 10/5/19 at 9:30 AM and reported the following. She had worked on the date of 9/14/19 and left the facility around 12:45 AM on 9/15/19. She received a phone call around "oneish" from Nurse # 3 while EMS was still in the building. Nurse # 3 informed her they had found Resident # 1 with ants on her, Nurse # 3 had called for help, and then Nurse # 3 and the staff had showered the resident. After they got her in the shower the resident coded. Nurse # 3 texted pictures at the same time she talked to the DON. The DON really didn't look at the pictures "so deeply", and she deleted them right away. She had been aware the resident had not been doing well on the evening shift of 9/14/19 because Nurse # 2 had informed her of this previously while she had been at the facility on 9/14/19. She (the DON) informed Nurse # 3 to make sure Resident # 1's roommate was moved out of the room, and to check all of the resident's room in the facility to make sure there were no more ants. She also told Nurse # 3 to gather statements from staff. She talked to the Administrator that night and informed her of the situation, and the Administrator was to talk to her corporate supervisor. She did not call EMS to convey anything further about the ants herself although Nurse # 3 had not told them. She did talk to Resident # 1's PA on 9/16/19 and told him there had been a "significant amount" of ants on Resident #1 and he had responded that he was aware. She turned the statements that were gathered over to the Administrator. She never thought the ants might have been part of the resident's death because the resident had not been doing well on 9/14/19. The DON had never</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	Continued From page 20 been aware of ants in the room before. On 10/5/19 at 11:00 AM the Administrator was interviewed and reported the following. The DON called her around 1:30 AM on 9/15/19 and let her know about the ants and then a resident had coded. She made sure the DON knew to get statements, make sure Resident #1's roommate was permanently removed, all the unit rooms inspected, and verify when Resident # 1 was last checked. The next morning of 9/16/19 she tried to establish a timeline and she received the statements and read them. She found that the resident had been checked on frequently prior to being found with the ants. In investigating, she knew there needed to be more clarification because Nurse # 3 referred to them as red ants and the other staff members described them as black ants. They placed a candy bar in the room on 9/16/19. They sprayed the room on 9/16/19 themselves because the pest control company could not come out that day. Ants did come to the candy bar on 9/17/19, and it was verified with the Pest Control Technician they were fire ants. He treated for fire ants on 9/17/19. She had never been made aware of fire ants before 9/17/19 in the facility although there had been some sugar ants. The facility corporate office had reached out to a Professor of Entomology who had some expertise in the area of fire ants. They had learned about the nature of the fire ants, their ability to conglomerate, their habits, and how to prevent problems with them in future. They can travel one to two inches per second. She had wondered if the resident's bloody nose could have attracted them. She never questioned that her staff had done anything wrong in reacting to the emergency or that the ants could have caused the resident's death. She felt the staff	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 21</p> <p>had worked together to remove the ants and thereby removed the resident from danger. She never saw the pictures that had been taken but knew there had been some. She knew they were not necessary because of HIPPA. She felt the statements she had received from her staff had presented a picture of the extent the resident's body was covered, and thus she was aware. She had also discussed the incident with the facility medical director. They had educated their staff on monitoring for ants, reporting ants, and cleaning and practices to avoid ants. They also had created a daily monitoring tool where they checked the rooms for ants. They did not educate the staff on responding to a fire ant emergency because they had taken steps to avoid an emergency again in future.</p> <p>Interview with the Corporate Nurse Consultant on 10/5/19 at 10:00 AM revealed she had been called on 9/15/19 during the daytime. She had been asked by the corporate office to investigate the incident. She went to the facility on 9/16/19. She talked to Nurse # 3, who said the ants were red, and other staff said they were black. Therefore, Nurse # 3 had shown her the pictures. She had not been aware the resident was wearing a Cardiac Vest until it was brought to her attention by the survey team on 10/4/19. She was aware there were some statements but had not been aware of all of them. She had not read them but had talked to the staff. She had not been aware that four nurses had responded. She did not know that Nurse # 2 was still in the building. She had thought Nurse # 3 and Nurse # 4 and one of the nurse aides were there. She had concentrated her investigation on the resident's medical status prior to her being found with the ants to assure they had been checking on her.</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 22</p> <p>Her investigation was not focused on the staff response to the emergency situation and therefore she had done no retraining to the staff in regards to steps they should take when a resident is found covered with fire ants. She also was not responsible for the pest control investigation portion of the investigation.</p> <p>Interview with the resident's Physician Assistant by phone on 10/4/19 at 12:41 PM revealed the following information. He had been aware Resident # 1 had a nose bleed on 9/14/19 and she had been resistive to some care. He also remembered she had not wanted to go to the hospital for treatment and he had left orders for her care there. He was not called the night of the incident. When he was first told about the incident, it was conveyed to him there were a few ants. As time passed and he learned more he became more aware of the extent of the ants covering her body. After he had signed the death certificate, he had been told the ants were all over her and in her mouth. A large number of bites could have caused an inflammatory response in her body. He thought it possible she could have had some type of medical event prior to the ants which did not allow her to call for help or try to get them off her. He would not advise a resident's oxygen be removed until vitals, oxygen level, and level of alertness be assessed. He would also not think it advisable to remove a cardiac vest from a resident who was not responding. He stated it had been a tough call for the staff involved, and he likened it to finding someone in a fire. Typically, you would remove someone from a fire and then assess their status. The PA did say it was important to always call 911 as soon as possible when dealing with an emergency, and EMS should always be given as much information</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 23 that could be helpful to the resident.</p> <p>The facility's Medical Director was interviewed by phone on 10/5/19 at 12:08 PM and reported the following. It had been communicated to him that Resident # 1 had been found covered with ants later after the incident. He was made aware the resident had not been doing well prior and had symptoms of pneumonia, but staff had been checking on her. It was his understanding the ants could have covered her body rather quickly. According to the Medical Director the first step in an emergency is to assess someone's vital signs. If they are alive and breathing, then any threat needs to be removed. If the resident was breathing and her vitals were okay, then there was some leeway in calling EMS, but it should not be a prolonged time in calling. It was his understanding the staff dealt with the incident "relatively shortly" and they had been required to make a quick judgement call. The incident was a "complete rarity" and the facility did not have any protocol to refer to when they had encountered it. It "did not make sense to him" that the staff had not communicated to the paramedics the extent of ant coverage, and he stated this should have been done.</p> <p>Review of an investigation summary by the Administrator into Resident # 1's incident revealed no mention of ants being problematic prior to the incident with Resident # 1. It noted that exterior and daily room rounds were started on 9/15/19 to ensure the facility was free of ants. The summary also noted, "The facility did an inspection of all resident rooms that could be affected by this issue. The facility has had and continues to receive monthly treatment services for pest control and biyearly treatments</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 24</p> <p>specifically designed for ants. Prior to this incident there were no other sightings of fire ants." The summary also noted the facility had a second contractor who came to the facility after their contracted pest control company and treated the facility on 9/20/19.</p> <p>The Maintenance Director was interviewed on 10/4/19 at 9:00 AM and again on 10/5/19 at 1:25 PM and reported the following. He had just started work in July 2019. Sometimes there were some "pop ups of sugar ants" since he had been there, and the staff would let him know if there were more than one or two. They would clean and get rid of the ants. He was not aware of a reoccurring problem with ants prior to the incident of 9/15/19, and he had never seen fire ants prior to 9/17/19 in the building. There had been no records left for him from the previous maintenance director about a problem when he started in July, 2019. They have a maintenance system where they check the AC units themselves and make sure there is nothing in them. He did not recall loose baseboards being pointed out to him since he had started in July 2019. The day (9/16/19) after Resident # 1 was sent to the hospital they placed a candy bar in the empty room. They waited for 24 hours and on the date of 9/17/19 they found about 50 or 60 ants had come to the candy bar. Some of them were black with a little sheen of red on them. The Pest Control Technician came and identified the ants as fire ants, and he treated the entire facility. Resident # 1's room backed up to a courtyard, and they had not observed mounds in the courtyard. They talked to their Pest Control Technician and got a second opinion as well. They thought the ants could be burrowing under the slab foundation of the building and coming in</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 25</p> <p>through cracks where the foundation met the building. Because of the glued baseboard in residents' rooms, you could not see all the way to the sheetrock where the wall met the floor. They had ordered new baseboard but had not taken off the baseboard in residents' rooms to look for cracks at the bottom of the sheetrock because the replacement baseboard had not come in. If a staff member had seen more than five or six ants in a room, then he would have wanted to know about it prior to 9/17/19.</p> <p>The facility's Pest Control Technician was interviewed by phone on 10/5/19 at 12:43 PM and at 1:35 PM. He routinely did monthly treatments of the facility which involved placing a granular pesticide solution which treated fire ants around the facility. Additionally, twice per year he power sprayed a liquid pesticide that was to last for six months around the exterior. Prior to 9/17/19 he had been called out twice between his monthly maintenance treatments that year. One of these two times was in May 2019 and he had identified fire ants in the window sill of a resident's room. He had treated them. He also checked one sixth of the baseboards on his monthly visits and either the former Maintenance Director or current Maintenance Director would accompany him and write down the rooms of any that were loose. He had directed them that loose baseboards would need to be fixed. He did not keep a list of the baseboards himself because the Maintenance Directors took note of them as he checked. He did recall he had identified some loose baseboards but did not recall which rooms and on which dates. He validated that the ants that came to the candy bar test on 9/17/19 were fire ants. Fire ants secrete pheromones and the pheromones help draw other fire ants. Within a</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 26</p> <p>matter of minutes to hours, other fire ants can follow the trail. Also, on the date of 9/17/19 he did identify two fire ant mounds in the courtyard outside of Resident # 1's room, but they had no activity when he looked at them on 9/17/19.</p> <p>On 10/7/19 at 2:40 PM a follow up phone interview was conducted with the Pest Control Technician. He had checked his records for the May, 2019 treatment of fire ants. The company had not billed the facility extra for the in between treatment, but he was sure he had identified them in May, 2019 in the window sill of a resident. He stated the facility would have kept a record of the room they were identified in.</p> <p>Review of pest control records supplied to the survey team by the facility revealed no documentation of fire ants prior to 9/17/19.</p> <p>Interview with a police detective by phone on 10/5/19 at 6:14 PM revealed the police had responded to a call at the facility in August 2019 prior to Resident # 1's fire ant incident of 9/15/19. During the August, 2019 police call another family member had been concerned about ants, and the police officer had observed ants.</p> <p>The police report, dated 8/11/19, was obtained and reviewed on 10/8/19. It noted police officer # 1 had responded on 8/11/19 to a call for the same hall to which Resident # 1 was later admitted. The report noted the police officer received two different stories when she arrived. The nurse was asking for Resident # 8's family member to be removed because the family member was disruptive. When the officer spoke to Resident # 8's family member she found the family member was upset because there were ants in Resident #</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 27</p> <p>8's room. Police Officer # 1 noted in her report that she (the officer) observed ants along the wall near Resident # 8's roommate (Resident #7). The officer noted in her report that she was told by staff there were ants in other resident rooms, maintenance was aware, and they would be in the following day.</p> <p>Police Officer # 1 was interviewed by phone on 10/9/19 at 7:38 PM. The officer reported the following. She saw about 40 to 50 ants on the floor along the wall which was near the corner of Resident # 7's side of the room (which was near the window side of the room). They looked like sugar ants at first to her, but she did not know for sure. She saw them in Resident # 7's shoes and she moved the shoes. Staff told her there were ants on that wing and maintenance was going to take care of it.</p> <p>A review of Resident #8's record revealed she was admitted on 7/31/19 to the 400 hall and no longer resided at the facility. According to Resident # 8's admission MDS, dated 8/13/19, the resident was cognitively impaired and needed total staff assistance.</p> <p>Resident #8's family member was interviewed by phone on 10/8/19 at 4:30 PM and reported the following. She had witnessed thin black ants on two occasions in Resident #8's room. On the first occasion, they were told there was nothing the staff could do because the key to what they needed was locked up. The ants were in the corner of the room near Resident # 7's side. Then later someone sprayed with ant spray and it seemed to scatter them to Resident #8's side. They were later informed by Resident #7 that after they left that evening, Resident #7 had called for assistance for Resident #8 because the</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 28</p> <p>ants had climbed into Resident #8's bed. The family member saw the ants again on 8/11/19. The baseboard was not sealed near the AC unit, and they seemed to be coming from that area. She was concerned because Resident # 8 could not call for help. She was not aware Resident #8 got stung by them and she did not know what kind of ants they were. That night after the police officer left, the facility moved Resident #8. Then shortly there after Resident # 8 was discharged.</p> <p>A review of Resident #7's record revealed she was admitted on 8/2/19 and no longer resided at the facility. The resident's MDS assessment, dated 8/13/19, coded the resident as a 15 for cognition on a scale of 1 to 15. This indicated Resident # 7 was cognitively intact.</p> <p>Resident # 7 was interviewed by phone on 10/8/19 at 7:34 PM and reported the following. While she resided in her initial room on the 400 hall she had seen brown ants every day. They were "all over the room" and she kept telling staff about them. The ants would get in her shoes and bite her feet. She did not think they were fire ants but knew they bit her. She was aware to keep her covers off the floor, but her roommate (Resident #8) did not know to do this because she was confused. One night she saw the ants crawl up into Resident #8's bed and she called for help since Resident #8 could not do so. Staff came in and changed the resident's bed linens. Staff sprayed and it "slowed them down but it did not stop them." Then one night a police officer came into her room and she was moved to another area. After she was moved, she did not have a problem, and she went home shortly after that.</p> <p>Resident #7's family member was interviewed by</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 29</p> <p>phone on 10/8/19 at 7:25 PM and reported the following. He visited about three to four times a week. At first, he did not notice the ants during his first few visits when Resident # 7 was admitted on 8/2/19, but then on his next visits it seemed like "they just came out of nowhere all of the sudden." He would see more than 20 at a time. They were on the walls and the floors and appeared to him to be little black ants. They finally gave the resident a new room and then she went home.</p> <p>The facility's ant monitoring sheets they had started following the incident of 9/17/19 were reviewed. This review revealed "sugar ants" had been identified in their audits on 9/18/19 and 10/3/19 in Room 408. This was the same hall on which Resident #7, Resident # 8, and Resident # 1 resided. The audit contained documentation on 9/18/19 that the room had been deep cleaned on the window side of the room, sprayed, and the maintenance director and Administrator had been made aware. On 10/3/19 it was noted the room was sprayed and cleaned with soap and water. An audit for Room 404 revealed sugar ants had been found in this room on 10/2/19. The room and been sprayed and cleaned with soap and water.</p> <p>On 10/9/19 at 9:43 AM another interview was held by phone with the Administrator to discuss Resident # 7, Resident #8, and the ant monitoring sheets. The Administrator reported she was aware the police responded on 8/11/19 but she thought it was because of a domestic issue and there was a need to remove the family who was very upset. She was aware Resident #8's family had complained of ants, but it was her understanding they were sugar ants, the residents were moved on the night of 8/11/19, the</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 30</p> <p>room was sprayed and cleaned. She was not aware of any reports the ants had crawled into Resident # 8's bed. She was not aware Resident # 7 had been experiencing any problems and it was her understanding Resident # 7 had moved also because she got along with her roommate so well. They had not called their pest control company to deal with the 8/11/19 issue. They would have only done so if it had been a repetitious thing or there were a large number and it had not been her understanding this was the case. Regarding the audits, the Administrator stated it was her understanding that ants noted on the facility audits were tiny sugar ants. The Administrator stated she would check with her maintenance director and follow back up.</p> <p>On 10/9/19 at 10:51 AM the Administrator sent information by email to the surveyor. According to the email, the first sighting of ants in Room 408 was on 9/18/19; a day after the pest control company had been in on 9/17/19. They had been told there might be sightings of ants up to 24 hours after the spray on 9/17/19 and therefore they did not reach out to the pest control company. They sprayed with spray the pest control company had left them. The ants had been about 2 dozen tiny black ants in a cup. They did tell the pest control technician when he came for a biweekly visit on 9/23/19, and he sprayed in the room. On 10/3/19 in Room 408 there were a couple black ants. They sprayed and cleaned again, and the Pest Control Technician was scheduled for 10/9/19.</p> <p>During a follow up phone interview with the Pest Control Technician on 10/9/19 at 12:26 PM the technician validated that prior to 8/11/19, he had last been in the facility on 7/24/19 and he was not</p>	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 31</p> <p>called for an extra service to address the 8/11/19 incident. The technician stated the only local ants that bit people were fire ants. When he was in the building on 9/23/19 he had identified the ants in Room 408 to be fire ants. There were six or seven of them. He sprayed. While he was in the facility that day (10/9/19) he had identified the baseboards were loose in two rooms. These rooms were 407 and 408. Approximately ¼ to 1/8 of the baseboard on the window wall was loose at the corner behind the nightstands. He had been able to detect that there were cracks at the base of the sheetrock where the baseboard was loose by getting down on his hands and knees and using a flashlight.</p> <p>Information provided by the Professor of Entomology, who had been contacted by the facility following the 9/15/19 incident, was reviewed. The information noted the following. Food for fire ants in a facility consist of stained linens, serum and body fluids. When one of these cues is discovered by even a single scout ant, a trail will be laid between the food source and the closest foraging tunnel of the colony. As soon as a scout ant encounters a recruit on the borders of the ant nest, numerous recruits are ready to follow the new scent trail back to the food and repeat the process. The more ants on a trail, the stronger the scent becomes, and the more additional ants recruited. Fire ants are relatively fast at approximately 1 to 2 inches per second. Within 1-2 hours (conservatively) hundreds of fire ants could be recruited to a patients' bed.</p> <p>The Professor of Entomology was interviewed by phone on 10/8/19 at 10:30 AM. He stated he counseled that facilities needed to be very proactive with fire ants. They also need to identify</p>	F 600			

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 10/15/2019
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 600	<p>Continued From page 32</p> <p>any type of ants that are getting into the building. Fire ants sting and inject a toxin at the site that creates a fiery sensation. The response to their sting is highly individualized. For some individuals, they can have a reaction with one or two bites, whereas other people might be able to withstand a lot of bites. The toxin is intended to be painful in order to ward animals from them. He stated many nursing homes do not understand the gravity of the threat fire ants might pose, and there needs to be better protocols to deal with them.</p> <p>On 10/9/19 at 7:29 PM the Administrator was informed of the Immediate Jeopardy. The facility provided a credible allegation of Immediate Jeopardy removal on 10/11/19. The allegation of Immediate Jeopardy removal indicated:</p> <p>F600 Carolina Rehab Center of Cumberland</p> <p>Credible Allegation of Immediate Jeopardy Removal Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance;</p> <p>1. Deficient practice - Resident # 1 was found on 9/15/19 at 1:00 AM with ants on her face, in her mouth, in her nose, and on other parts of her body. The resident was breathing but not responding verbally or moving. Her life vest was removed, and her oxygen removed in order to take her to the shower and remove the ants although the resident was oxygen dependent and had a history of recent heart attack. Interviews, which were conducted during the complaint investigation, revealed a total of four nurses and</p>	F 600			

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 10/15/2019
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 600	<p>Continued From page 33</p> <p>two nurse aides responded and were assisting with the removal of the fire ants found on Resident # 1 on the date of 9/15/19 at the time she was not responding verbally or with movement. The nurse who responded first removed her oxygen and life vest without checking the resident's pulse. Resident # 1 lost signs of life while in the shower, and the staff initiated a code and activation of 911 at that point. The facility failed to immediately notify 911 while simultaneously removing ants. The facility failed to ensure resident who was oxygen dependent received oxygen during the emergency. The facility failed to show it has a system to identify the type of ants getting into the building, that they have assessed all rooms and filled holes/cracks which might allow entry; and that they have established a protocol in how to respond if fire ants are found to have swarmed a resident who needs both emergency help and help removing the ants; and a system to assure that information about fire ant stings is conveyed to all medical personnel to assure proper treatment and evaluation.</p> <p>2. Facility Action</p> <ol style="list-style-type: none"> 1. Resident #1 expired on 9/15/2019 2. The facility immediately took resident to the shower room to attempt to remove the ants 3. On 9/15/2019 immediately following the incident. The roommate in the room was checked for ants and removed from the room and placed in another room. 4. No resident occupied room until pest control services came out and treated the room on 9/17/2019. 5. On 9/15/2019 immediately following the incident nursing staff inspected all rooms on the 	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 34</p> <p>unit where Resident # 1 was found to ensure no ant activity.</p> <p>6. All staff education began on 10/2/2019. Administrator educated department managers who provided education to their respective departments on the following components: Understanding fire ants as per information sheet provided on Red imported fire ants: a threat to nursing homes, identifying fire ants, removing patients from affected room if suspect fire ants, immediately contact maintenance director if any activity is suspected, when in resident rooms inspect floor, linen and window sill for ant activity proper food storage, availability of storage containers, and removing trash in resident rooms promptly. This education was completed on 10/3/2019.</p> <p>7. On 9/17/2019 the facility's pest control company provided complete exterior treatment for ants and also sprayed internally in room 405. Facility also moved services from monthly to bi-weekly ant treatments to reduce ant activity.</p> <p>8. On 9/20/2019 another pest control company came out to center and completed an external ant treatment.</p> <p>9. On 9/18/2019 Environmental services director was educated on using soap and water to erase pheromones in room after ant activity noted per the direction of a university entomologist.</p> <p>10. All resident rooms and exterior grounds inspected daily by maintenance department or designee that has been initially provided by pest control technician for fire ant activity beginning on 9/16 and will continue daily x 4 weeks bi weekly x 4 weeks and monthly x 1. Any pest sightings will be reported to the Maintenance Director for treatment and the facility's pest control company will be called for follow up as needed.</p>	F 600			

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 10/15/2019
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 600	<p>Continued From page 35</p> <p>All residents have the potential to be affected by these deficient practices.</p> <p>Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete;</p> <ol style="list-style-type: none"> All certified nursing assistants will be educated on reporting all sightings of ants on a patient immediately to a nurse. This education began 10/11/2019 by Director of Nursing or designee. The Director of Nursing (DON) and nursing administration completed training with all nurses about what information should be given to all EMS personnel when they are called to assist in emergency situations. The training included providing all pertinent medical information including abnormal health concerns for any resident from the previous 24-72 hours. This was completed 10/09/2019 All nurse education began 10/11/2019 by director of nursing or designee that upon discovery of a resident with fire ants on them we will assess vital signs, protect airways, instruct a staff member to notify 911, have a staff member retrieve a crash cart, apply oxygen as needed while simultaneously attempting to remove fire ants. All staff education began on 10/2/2019. Administrator educated department managers who provided education to their respective departments on the following components: Understanding fire ants as per information sheet provided on Red imported fire ants: a threat to nursing homes, identifying fire ants, removing patients from affected room if suspect fire ants, immediately contact maintenance director if any activity is suspected, when in resident rooms 	F 600			

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

PRINTED: 11/15/2019
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 10/15/2019
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 600	<p>Continued From page 36</p> <p>inspect floor, linen and window sill for ant activity. This education was completed on 10/3/2019.</p> <p>5. Any employee that did not receive the education will be removed from the schedule until education is completed.</p> <p>6. All new employees will be educated on the above topics during new hire orientation by director of nursing or designee.</p> <p>7. As per the recommendation of pest control technician maintenance department began on 10/10/2019 removing all resident room cove base on the wall the leads to the exterior inspecting for cracks/holes and sealing if found. The cove base in all rooms was inspected and ensured no gaps exist. This will be completed 10/10/2019</p> <p>8. All resident rooms and exterior grounds inspected daily by maintenance department or designee initially provided by pest control technician for fire ant activity beginning on 9/16 and will continue daily x 4 weeks bi weekly x 4 weeks and monthly x 1. Any pest sightings will be reported to the Maintenance Director for treatment and the facility's pest control company will be called for follow up as needed.</p> <p>9. The facility's pest control company will perform bi-weekly ant treatments until November 1 and will resume April 1 through the late spring and summer per pest control recommendation. This began on 9/17/2019.</p> <p>Date of immediate jeopardy removal is October 11, 2019.</p> <p>The Administrator is responsible for implementing the acceptable immediate jeopardy removal plan.</p> <p>On 10/15/19 the facility's plan for immediate jeopardy removal was validated by the following. Multiple residents were interviewed and stated they had seen no ants. Residents validated they</p>	F 600			

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 10/15/2019
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 600	Continued From page 37 had received letters from the facility in regards to fire ant education. Random room observations throughout the facility revealed the rooms were clean and without any type of ants. Baseboards were observed to be tight against the floor at the bottom of the sheet rock. Residents reported during their interviews that staff had been in within the past week, removed the baseboard, and caulked before replacing the baseboard at the window side of the room. Staff interviews revealed there had been no sightings of fire ants in the past week within the facility. The facility had documented evidence of daily room audits and exterior grounds per their credible allegation of compliance plan. The facility also had documentation of inservice training per their credible allegation of compliance plan. Interviews were conducted with housekeepers, nurses, and nurse aides on 10/15/19. These interviews included staff on different units and different shifts. During these interviews staff validated they had received training per the facility's credible allegation of compliance plan. They were knowledgeable about recognizing fire ants, monitoring for fire ants, measures to take if fire ants were seen, and how to respond if a resident had fire ants on them. Interviews conducted with the Maintenance Director and Administrator on 10/15/19 revealed there had been no further sightings of fire ants, and the facility's plan of correction would be ongoing.	F 600			
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse,	F 607		11/1/19	

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 10/15/2019
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 607	<p>Continued From page 38</p> <p>neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on record review, resident interview, staff interview, police interview, physician interview, and pest technician interview the facility failed to implement their abuse and neglect policies and procedures in the areas of investigation and reporting when staff found a resident was found in her bed covered with fire ants for one (Resident # 1) of three sampled residents reviewed for abuse and neglect. The findings included:</p> <p>The facility's "Abuse/Neglect/Misappropriation/ Crime" policy, dated 11/22/16, included the statement that there would be zero tolerance for neglect, and that all suspected neglect would result in an internal investigation." The policy further indicated the investigation would be thorough and "the investigative protocol will include, but will not be limited to, collecting evidence, interviewing alleged victims and witnesses, and involving other appropriate individuals, agents, or authorities to assist in the process and determinations." The policy also stipulated that the facility would report incidents of suspected neglect and injuries where a person could not say what happened or which was not witnessed to the state agency. A 24 hour report and a 5 day working report would be filed.</p>	F 607	<p>F607</p> <p>The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited;</p> <p>" The facility failed to complete a thorough investigation and 24 hour report in a timely manner. The investigation summary by the Administer into Resident #1's incident revealed no evaluation of the steps each staff member had taken when responding to the emergency of finding Resident #1 covered with fire ants. The summary made no mention of any problems of other residents complaining of any type of ants or that loose baseboards could be contributing to pest entry. Incident occurred on 9/15/19 at 1:00 AM and facility filed a 24 hour report on 9/16/19 at 4:28 PM. Resident #1 no longer resides at the facility.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>" Any resident with a current unusual</p>		

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 10/15/2019
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 607	<p>Continued From page 39</p> <p>A 1:15 AM nursing note on 9/15/19 by Nurse # 3 noted Resident # 1 was sent to the hospital at approximately 1:15 AM due to respiratory distress.</p> <p>NA # 5 was interviewed on 10/3/19 at 4:03 PM and reported the following. When she was making rounds around 1:00 AM she thought the resident was black when she first saw her because she had so many ants on her. (The resident was Caucasian). She got closer to her and realized the black things were moving on her. She got Nurse # 3 and returned to the room with her. The resident's mouth and nose were "full of ants." They were "all over her upper body." Her mouth was open, and she was breathing. She was not moving or talking. She remembered Nurse # 4 and Nurse # 5 coming to help. They took her to the shower to wash off the ants. They did not take her oxygen with her to the shower. They went to get another bed for her after the shower, and when they put her on the bed the resident had stopped breathing. She had seen ants in the room one time before that date but had not reported the ants. Resident # 1's roommate had been "pretty nasty" with food and would drop food on the floor. Resident # 1's bed position had been swapped at some time to be where the roommate's bed was near the air conditioning unit. When Resident # 1 was found with ants on her, they appeared to be coming from around the air conditioning unit area of the room.</p> <p>Nurse # 3 was interviewed on 10/3/19 at 4:45 PM and again on 10/4/19 at 3:15 PM. During the interview Nurse # 3 reported Resident # 1 was found around 1:00 AM on 9/15/19 with fire ants on her face, neck, trunk, bilateral arms, and all</p>	F 607	<p>occurrence have the potential to be affected by the same deficient practice.</p> <p>" All incident reports for the past 30 days were reviewed to ensure there weren't outstanding unusual occurrences that weren't investigated or reported in a timely manner.</p> <p>The measures that will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>" Administrator and DON were trained by Regional Nurse Consultant on completing a thorough investigation. Training included: collecting evidence, interviewing alleged victims and witnesses, and involving other appropriate individuals, agents, or authorities to assist in the process and determinations.</p> <p>" Administrator and DON were trained by Regional Nurse Consultant on ensuring the 24 hour report was completed timely and was filed within the specified 24 hour time frame.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained;</p> <p>" The Regional Nurse Consultant or designee will review all incident reports weekly for four weeks, and 5 incident reports monthly for five months. The findings will be reviewed at the quarterly QAPI meetings.</p> <p>Date of compliance is November 1, 2019 The Administrator is responsible for implementing the acceptable plan of correction.</p>		

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

PRINTED: 11/15/2019
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 10/15/2019
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 607	<p>Continued From page 40</p> <p>over her clothes. Pictures of the resident were taken when she was found. Nurse # 2, Nurse # 4, Nurse # 5, NA # 4 and NA #5 responded to Nurse # 3's call for help with Resident # 1. None of these staff members called emergency services when they initially arrived to help with Resident # 1 although the resident was not moving or talking when they arrived. The resident was taken to the shower and most of the fire ants removed. Prior to showering, the resident's oxygen and her cardiac vest were removed because of the ants. The resident stopped breathing in the shower and cardiopulmonary resuscitation efforts were started by staff. Emergency medical services were called after the resident had stopped breathing. Once paramedics arrived and took over the resuscitation efforts of Resident # 1, they were not told by the staff members the resident had been covered with fire ants.</p> <p>There was no documentation in the resident's medical record about the resident being found covered with ants on 09/15/19 prior to her hospital transfer.</p> <p>Emergency Room (ER) records for 9/15/19 revealed the resident entered the ER with cardiac arrest and expired in the ER. The ER physician noted, "Multiple small flat erythematous lesions on face and trunk. Note occasional ants crawling on patient's skin including head and face."</p> <p>The ER Physician was interviewed on 10/7/19 at 3:15 PM. This interview revealed the resident had multiple bites on her body and that fire ant venom could have contributed to the resident's death.</p> <p>Review of an investigation summary by the Administrator into Resident # 1's incident</p>	F 607			

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

PRINTED: 11/15/2019
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 10/15/2019
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 607	<p>Continued From page 41</p> <p>revealed no mention of ants being problematic prior to the incident with Resident # 1. It noted that exterior and daily room rounds were started on 9/15/19 to ensure the facility was free of ants. The summary also noted, "The facility did an inspection of all resident rooms that could be affected by this issue. The facility has had and continues to receive monthly treatment services for pest control and biyearly treatments specifically designed for ants. Prior to this incident there were no other sightings of fire ants." The summary also noted the facility had a second contractor who came to the facility after their contracted pest control company and treated the facility on 9/20/19.</p> <p>The investigation summary by the Administrator into Resident # 1's incident revealed no evaluation of the steps each staff member had taken when responding to the emergency of finding Resident # 1 covered with fire ants. The summary made no mention of any problems of other residents complaining of any type of ants or that loose baseboards could be contributing to pest entry.</p> <p>Interview with a police detective on 10/5/19 at 6:14 PM revealed the police had responded to a call at the facility in August 2019 because a family member was upset prior to Resident # 1's fire ant incident of 9/15/19. During the August 2019 police call another family member had been concerned about ants, and the police officer had observed ants.</p> <p>The police report, dated 8/11/19, was obtained and reviewed on 10/8/19. It noted police officer # 1 had responded on 8/11/19 to a call in a room on the same hall (the 400 hall) to which Resident # 1</p>	F 607			

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

PRINTED: 11/15/2019
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 10/15/2019
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 607	<p>Continued From page 42</p> <p>was later admitted. The officer noted in her report that she was told by staff there were ants in other resident rooms, maintenance was aware, and they would be in the following day.</p> <p>Police Officer # 1 was interviewed on 10/9/19 at 7:38 PM. The officer reported the following. She saw about 40 to 50 ants on the floor along the wall which was near the corner of Resident # 7's side of the room (which was near the window side of the room) when she responded to the call on 8/11/19. They looked like sugar ants at first to her, but she did not know for sure. She saw them in Resident # 7's shoes and she moved the shoes. Staff told her there were ants on that wing and maintenance was going to take care of it.</p> <p>A review of Resident #7's record revealed she was admitted on 8/2/19 to the 400 hall as a cognitively intact resident. Resident # 7 was interviewed on 10/8/19 at 7:34 PM and reported the following. While she resided in her initial room on the 400 hall she had seen brown ants every day. They were "all over the room" and she kept telling staff about them. The ants would get in her shoes and bite her feet. She did not think they were fire ants but knew they bit her. She was aware to keep her covers off the floor, but her roommate (Resident #8) did not know to do this because she was confused. One night she saw the ants crawl up into Resident #8's bed and she called for help since Resident #8 could not do so. Staff came in and changed the resident's bed linens. Staff sprayed and it "slowed them down but it did not stop them." Then one night a police officer came into her room and she was moved to another area. After she was moved, she did not have a problem, and she went home shortly after that.</p>	F 607			

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

PRINTED: 11/15/2019
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 10/15/2019
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 607	<p>Continued From page 43</p> <p>Interview with the facility's Pest Control Technician on 10/5/19 at 12:43 PM and at 1:35 PM revealed he had seen and treated fire ants in the window sill of a resident's room in May 2019. According to a follow up interview with the Pest Control Technician on 10/9/19 at 12:26 PM the only local ants that bit people were fire ants, and he had not been called in for an extra service for Resident #7 and Resident #8's room in August 2019 when the police had responded.</p> <p>According to an interview with the Administrator on 10/5/19 at 11:00 AM the facility had not identified through their investigation a problem with fire ants prior to the incident of 9/15/19.</p> <p>On 10/5/19 at 11:00 AM the Administrator was interviewed and reported the following. The DON called her around 1:30 AM on 9/15/19 and let her know about the ants and then a resident had coded. She made sure the DON knew to get statements, make sure Resident #1's roommate was permanently removed, all the unit rooms inspected, and verify when Resident # 1 was last checked. The next morning of 9/16/19 she tried to establish a timeline and she received the statements and read them. She found that the resident had been checked on frequently prior to being found with the ants. In investigating, she knew there needed to be more clarification because Nurse # 3 referred to them as red ants and the other staff members described them as black ants. They placed a candy bar in the room on 9/16/19. They sprayed the room on 9/16/19 themselves because the pest control company could not come out that day. Ants did come to the candy bar on 9/17/19, and it was verified with the Pest Control Technician they were fire ants.</p>	F 607			

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

PRINTED: 11/15/2019
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 10/15/2019
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 607	<p>Continued From page 44</p> <p>He treated for fire ants on 9/17/19. She had never been made aware of fire ants before 9/17/19 in the facility although there had been some sugar ants. The facility corporate office had reached out to a professor of Entomology who had some expertise in the area of fire ants. They had learned about the nature of the fire ants, their ability to conglomerate, their habits, and how to prevent problems with them in future. They can travel one to two inches per second. The resident had experienced a bloody nose earlier in the day, and she had wondered if the resident's bloody nose could have attracted them. She never questioned that her staff had done anything wrong in reacting to the emergency or that the ants could have caused the resident's death. She felt the staff had worked together to remove the ants and thereby removed the resident from danger. She never saw the pictures that had been taken but knew there had been some. She knew they were not necessary because of HIPPA. She felt the statements she had received from her staff had presented a picture of the extent the resident's body was covered, and thus she was aware. She had also discussed the incident with the facility medical director. They had educated their staff on monitoring for ants, reporting ants, and cleaning and practices to avoid ants. They also had created a daily monitoring tool where they checked the rooms for ants. They did not educate the staff on responding to a fire ant emergency because they had taken steps to avoid an emergency again in future.</p> <p>Interview with the Corporate Nurse Consultant on 10/5/19 at 10:00 AM revealed she had been asked by the corporate office on 9/15/19 to investigate the incident. She was aware pictures of the resident were taken while the resident was</p>	F 607			

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

PRINTED: 11/15/2019
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 10/15/2019
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 607	Continued From page 45 still alive prior to being transferred from the facility to the hospital on 9/15/19 which showed her covered with fire ants. She had not been aware the resident was wearing a cardiac vest until it was brought to her attention by the survey team on 10/4/19, and that it had been removed. She was aware there were some written statements but had not been aware of all of them. She had not read them but had talked to some of the staff. She had not been aware that four nurses had responded. She did not know that Nurse # 2 was still in the building. She had thought Nurse # 3 and Nurse # 4 and one of the nurse aides were the only nursing staff responding to the emergency in the facility when the resident was found. The Corporate Nurse Consultant stated she had concentrated her investigation on the resident's medical status prior to the resident being found with the ants to assure they had been checking on her. Her investigation was not focused on the staff response to the emergency and the time it took them to call for emergency services. Therefore, her investigation did not identify any issues in these areas. Review of records submitted to the state agency by the facility revealed no documentation the investigation was reported to the state agency. There was no 24 hour report or a 5 day report filed with the state agency.	F 607			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with	F 686		11/1/19	

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 10/15/2019
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 686	<p>Continued From page 46</p> <p>professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to implement a physician ordered treatment for a stage 3 pressure ulcer of the sacrum for 1 of 1 resident reviewed for pressure ulcers. (Resident #9)</p> <p>Findings included:</p> <p>Resident #9 was admitted to the facility on 9/12/19, with diagnoses to include; Stage 3 pressure ulcer of sacrum, Urinary tract infection, Fluid and electrolyte imbalance, and Muscle weakness.</p> <p>Resident #9's care plan dated 9/13/19 documented interventions in place for pressure ulcer care to include following the prescribed physician orders.</p> <p>The Minimum Data Set (MDS) dated 9/19/19 documented Resident #9 was cognitively intact. She exhibited no behaviors, and no rejection of care. She required extensive assistance with bed mobility, and transfers, and limited assistance with activities of daily living (ADL's). She was coded as having a Stage 3 pressure ulcer on admission.</p>	F 686	<p>F686</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>" The facility failed to implement a physician ordered treatment for a stage 3 pressure ulcer of the sacrum for Resident #9. Resident #9 no longer resides at facility.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>" All residents with pressure ulcers are at risk for deficient practice. " All current residents seen by wound physician were reviewed for accuracy of treatment orders.</p> <p>The measures that will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>" Director of Nursing (DON) provided</p>		

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 10/15/2019
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 686	<p>Continued From page 47</p> <p>A physician order dated 10/3/19 revealed an order to continue Calcium Alginate with silver once daily and add Dakin's solution once daily to Resident #9's stage 3 pressure ulcer on the sacrum for thirty days.</p> <p>The Treatment Administration Record (TAR) for Resident #9 on 10/10/19 for the period of 10/3/19 through 10/7/19 revealed treatments were performed using Calcium Alginate with silver to the sacrum once daily. There was no record of the new order written on 10/3/19 for Dakin ' s solution once daily to the sacral wound.</p> <p>The October 2019 Medication Administration Record (MAR) for Resident #9 was reviewed on 10/10/19 for the period of 10/3/19 through 10/7/19 and revealed no record of the 10/03/19 order for Dakin's solution to the sacrum once daily.</p> <p>The most recent skin assessment dated 10/3/19 of Resident #9's sacral wound revealed measurements of 3 cm (centimeters) length x 3.5 cm width x 0.9 cm depth with moderate drainage.</p> <p>A nursing note dated 10/7/19 at 3:48 AM documented Resident #9 was transported by Emergency Medical Services (EMS) to the hospital due to respiratory distress with symptoms of elevated heart rate and decreased oxygen saturation.</p> <p>In an interview on 10/10/19 at 1:00 PM with Nurse #6 she acknowledged that she did not transcribe the order that she received on 10/3/19 from the physician regarding adding Dakin's solution to the resident's wound treatment. She stated that it was a busy day and she forgot to put the order in</p>	F 686	<p>training to all nurses that round with the wound care physician on implementing new treatment orders at time of rounds. How the facility plans to monitor its performance to make sure that solutions are sustained;</p> <p>" DON or designee will review all wound care physician notes to ensure treatment orders are initiated after his visit. Audits will occur for every resident weekly x 4 weeks and then 5 residents will be reviewed monthly x 2 months.</p> <p>" Results of the audits will be reviewed at the quarterly QAPI meetings.</p> <p>Date of compliance is November 1, 2019 The Director of Nursing is responsible for implementing the acceptable plan of correction.</p>		

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

PRINTED: 11/15/2019
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 10/15/2019
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 686	Continued From page 48 and reported that she didn ' t remember it until after the resident was transferred to the hospital on 10/07/19. Nurse #6 confirmed the resident's stage 3 pressure ulcer was not treated as ordered from 10/03/19 to 10/07/19 because the Dakin's solution was not administered to the ulcer as ordered. In an interview with the wound specialist on 10/10/19 at 1:24 PM, he stated that he performed surgical debridement (removal of necrotic tissue to aid in healing) of Resident #9's sacral pressure wound on 10/3/19. He commented that the wound had declined from the previous week and after surgical debridement he ordered Dakin ' s solution to be applied to the wound for thirty days. He commented that not following the prescribed order of Dakin's solution from 10/3/19 through 10/7/19 could result in a decline of the wound and stated no assessment or measurements had been recorded since 10/3/19 due to the resident remained in the hospital. In an interview with the Director of Nursing and the Regional Nurse Consultant on 10/10/19 at 5:30 PM, the Director of Nursing stated that the nurse should have transcribed the physician order for Dakin ' s solution to the sacrum pressure ulcer for Resident #9 on the day the order was received.	F 686			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in	F 842		11/1/19	

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

PRINTED: 11/15/2019
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 10/15/2019
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 842	<p>Continued From page 49</p> <p>accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> 	F 842			

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 10/15/2019
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 842	<p>Continued From page 50</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview the facility failed to ensure the medical record was complete regarding a resident's condition and the care provided when a resident was found covered in ants and staff initiated Cardio Pulmonary Resuscitation (CPR) for one (Resident # 1) of four sampled residents reviewed for accuracy of medical record. The findings included.</p> <p>Record review revealed Resident # 1 resided at the facility from 8/30/19 to 9/15/19.</p> <p>The last narrative nursing note was written by Nurse #3 and dated 9/15/19 at 1:15 AM. The note read, "Resident sent out to (hospital) approx. 1:15 AM due to respiratory distress." The resident's medical record did not contain any information</p>	F 842	<p>F842</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>" The facility failed to document the event leading to transfer to the hospital in the medical record for resident #1. The facility did complete a note on 9/15/2019 at 1:15 am that noted resident # 1 transferred to the hospital for respiratory distress however did not include that the resident was found covered in ants or that the resident stopped breathing. Resident #1 expired.</p> <p>How the facility will identify other residents</p>		

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 10/15/2019
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 842	<p>Continued From page 51</p> <p>that on 09/15/19 staff found the resident covered in ants while in bed, provided a shower to remove ants from her body, stopped breathing during the shower and staff-initiated CPR on the resident.</p> <p>On 10/4/19 at 5:45 PM the facility provided written staff statements regarding the events prior to Resident # 1 being transferred to the hospital on 09/15/19. Review of Nurse # 3's statement revealed the resident had been found at approximately 1:00 AM on 9/15/19 to have a significant number of red ants, of various sizes to be crawling on her face, in her nose and mouth, on her neck, upper torso and bilateral upper extremities. The resident was taken to the shower to remove the ants, and during the time of the shower the resident stopped breathing. Resuscitation efforts were then begun by staff and emergency medical staff were called and arrived.</p> <p>Nurse # 3 was interviewed on 10/3/19 at 4:45 PM and again on 10/4/19 at 3:15 PM. During the interview the nurse validated that when the resident was found on 09/15/19 at around 1:00 AM she had a significant amount of ants on her body, she was not moving her body or verbally responding. The nurse confirmed the resident stopped breathing during a shower given to remove the ants and CPR was initiated.</p> <p>The Corporate Nurse Consultant was interviewed on 10/5/19 at 10:00 AM and confirmed the resident's medical record was incomplete about what transpired when Resident #1 was found covered in ants on 09/15/19. The Nurse Consultant stated the information which had been written in Nurse # 3's statement should have been entered into the medical record. The Nurse</p>	F 842	<p>having the potential to be affected by the same deficient practice;</p> <p>" All residents who transfer to the hospital are at risk for the deficient practice.</p> <p>" All hospital transfers within the last thirty days were reviewed to ensure a detailed transfer note was documented. The measures that will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>" Director of Nursing or designee will provide training to all nurses to ensure documentation reflects an accurate account of events leading to transfer.</p> <p>" Any nurse who did not receive the education by the compliance date will be removed from the schedule until completed</p> <p>" All new nurses will receive education during the orientation process. How the facility plans to monitor its performance to make sure that solutions are sustained;</p> <p>" DON or designee will review all residents who transfer to ensure a note is written that reflects the account of events. Audits will occur weekly x 4 weeks and then 5 residents will be reviewed monthly x 2 months.</p> <p>" Results of the audits will be reviewed at the quarterly QAPI meetings x 1</p> <p>Date of compliance is November 1, 2019 The Director of Nursing is responsible for implementing the acceptable plan of correction.</p>		

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 10/15/2019
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 842	Continued From page 52 Consultant stated the facility had planned to assure the nurse entered the information from the statement into the medical record after they finished their investigation regarding the incident, but this had not yet been completed.	F 842			
F 925 SS=K	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on record review, resident interview, staff interview, family interview, physician interview, pest control technician interview, entomologist interview, and police officer interview the facility failed to maintain a pest free environment to prevent ants from entering resident rooms for three of three sampled residents reviewed for pest control (Residents #1, #7 and #8). Resident #1 was found in her bed covered with fire ants including her face, mouth and nose. Resident #1 experienced numerous fire ant bites and was transferred to an emergency room for treatment and evaluation. Resident #1 expired while in the hospital. A physician interview revealed fire ant venom could have contributed to her death. The findings include: Immediate Jeopardy began on 9/15/19 when Nurse Aide (NA) # 5 found Resident # 1 covered with fire ants including in her mouth, nose and "all over her body." The immediate jeopardy was removed on 10/11/19 when the facility provided an acceptable credible allegation of Immediate Jeopardy removal. The facility will remain out of compliance at a scope and severity level of D (not	F 925	F925 The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited; " Resident # 1 was found on 9/15/19 at 1:00 AM with ants on her face, in her mouth, in her nose, and on other parts of her body. According to interviews with NAs # 3 and # 5 during the survey, they had seen ants in Resident #1's room prior to the date of 9/14/19. Interview with the facility's pest control technician on 10/9/19 at 12:26 PM revealed he had seen 6 or 7 fire ants in Room 408 on 9/23/19 when he was in the building. He had treated them. Also, the technician stated he had been in the facility on the date of the interview (10/9/19) and identified the baseboards were loose in Rooms 407 and 408 around the area near the night stand; approximately 1/2 to 1/8 of the baseboard was loose and he identified	11/1/19	

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 10/15/2019
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 925	<p>Continued From page 53</p> <p>actual harm with the potential for more than minimal harm that is not immediate jeopardy) for the facility to complete staff training and to ensure monitoring systems put in place are effective.</p> <p>Record review revealed Resident # 1 was admitted to the facility from the hospital on 8/30/19. Resident #1 resided on the facility's 400 hallway during her stay at the facility.</p> <p>Nursing notes, dated 9/14/19 at 11:48 AM, included documentation Resident # 1 had been bleeding from her bilateral nostrils intermittently throughout the shift but refused to let the nurse apply pressure to her nose or clean her face and surrounding areas which had blood on them. The resident wore oxygen via a nasal cannula, and the cannula became clotted with blood due to the bleeding.</p> <p>NA # 3 cared for Resident # 1 on 9/14/19 from 3:00 PM to 11:00 PM. NA # 3 was interviewed on 10/3/19 at 3:30 PM and reported the following. Usually Resident # 1 was very independent. On the evening of 9/14/19 she was drowsy. Her family came that evening. She was hot. Therefore, that evening the staff and the family switched the position of Resident # 1's bed to the area in the room where her roommate was so she could be closer to the air conditioning unit. The roommate's bed was put in the position closer to the door. At 11:00 shift change time, she peeked in on Resident # 1 and she was in bed sleeping and appeared okay. She had not seen any ants in the room that day, but she had in previous times; "three times total and no more." One time there were five or six ants at one time, and Resident # 1 and the roommate would call her. She would go in, kill the ants, and tell the</p>	F 925	<p>this by getting down on his knees with a flashlight. He could see the hole at the bottom of the sheet rock behind the loose baseboard. According to the technician this could contribute to any type of ant getting into the building. The facility failed to show it has a system to identify the type of ants getting into the building, that they have assessed all rooms and filled holes/cracks which might allow entry</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>" All residents have the potential to be affected by this practice</p> <p>The measures that will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>" All staff education began on 10/2/2019. Administrator educated department managers who provided education to their respective departments on the following components: Understanding fire ants as per information sheet provided on Red imported fire ants: a threat to nursing homes, identifying fire ants, removing patients from affected room if suspect fire ants, immediately contact maintenance director if any activity is suspected, when in resident rooms inspect floor, linen and window sill for ant activity this education was completed on 10/3/2019. " On 10/11/2019 a letter was delivered to all residents and mailed to families using the information sheet Red imported</p>		

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 10/15/2019
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 925	<p>Continued From page 54</p> <p>nurse who was on duty. She did not know what kind of ants they were. They appeared black in color.</p> <p>NA # 5 cared for Resident # 1 on the 11:00 PM to 7:00 AM shift which began at 11:00 PM on 9/14/19. NA # 5 had provided a written statement to the facility regarding the incident of 9/15/19. NA # 5's statement read, "Started passing ice around 12:35 AM, went in (Resident # 1's room) and looked at her and thought she was black and changing colors, then I looked at her again. When I put her cup down and thought it was freckles, but I saw something moving and decided to call the nurse. When called her I said can you come see this lady in (Resident #1's room)? I think she got ants on her face."</p> <p>NA # 5 was interviewed by phone on 10/3/19 at 4:03 PM and reported the following. When she was making rounds around 1:00 AM she thought the resident was black when she first saw her because she had so many ants on her. (The resident was Caucasian). She got closer to her and realized the black things were moving on her. She got Nurse # 3 and returned to the room with her. The resident's mouth and nose were "full of ants." They were "all over her upper body." Her mouth was open, and she was breathing. She was not moving or talking. She had seen ants in the room one time before that date but had not reported the ants. Resident # 1's roommate had been messy with food and would drop food on the floor. When Resident # 1 was found with ants on her, they appeared to be coming from the area of the room where the air conditioning unit was located.</p> <p>Nurse # 3 was interviewed on 10/3/19 at 4:45 PM</p>	F 925	<p>fire ants: a threat to nursing homes. The letter highlights important facts about fire ants, how they come in, why they come in, how they can assist with preventing them and what to do if they see ants The education provided also included the resident and family's responsibility in prevention of fire ants by disposing of uneaten food or placing such food in a sealed container that will be provided by the center. All new admissions will receive this letter during the admissions process.</p> <p>" Any employee that did not receive the education will be removed from the schedule until education is completed.</p> <p>" All new employees will be educated on Understanding fire ants as per information sheet provided on Red imported fire ants: a threat to nursing homes and day care centers, identifying fire ants, removing patients from affected room if suspect fire ants, immediately contact maintenance director if any activity is suspected, when in resident rooms inspect floor, linen and window sill for ant activity by director of nursing or designee during new hire orientation.</p> <p>" On 10/10/2019 all resident room cove base on the wall the leads to the exterior was removed and inspected for cracks/holes and sealing if found. The cove base in all rooms were inspected and ensured no gaps exist. This was completed 10/10/2019</p> <p>How the facility plans to monitor its performance to make sure that solutions</p>		

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	<p>Continued From page 55</p> <p>and again on 10/4/19 at 3:15 PM. She reported the following. When NA # 5 called her to the room around 1:00 AM, she went into the room, flipped on the light, and found the resident had ants on her face, neck, trunk, bilateral arms, and all over her clothes. They were red ants of various sizes. She and other staff members removed her clothes and took her to the shower. Prior to going to the shower, she stripped the bed linens and clothes and threw them in the bathroom. While in the shower, they were "just wiping and wiping ants away" from Resident # 1's body. There were too many to estimate the number. The resident stopped breathing while in the shower and CPR (Cardiopulmonary Resuscitation) was begun. Paramedics arrived and took over. Prior to the resident leaving, Nurse # 3 had observed multiple bites on the resident's torso, face, neck, and arms. When she returned to Resident # 1's room, she bagged the linen contained in the bathroom. The rest of the ants in the resident's room were "just gone." She could not understand that because there had been a "pack of ants" going towards the bed earlier when they had walked in. It had looked like they had been coming from behind the resident's oxygen concentrator. She called the Director of Nursing (DON) that night and told her what had occurred. Resident # 1's roommate had not seemed to understand what had happened and had not been bothered by the ants. Resident # 1's roommate was moved that night to another room.</p> <p>Nurse # 4 was interviewed by phone on 10/4/19 at 6:45 AM. Nurse # 4 reported the following in his interview. He went to Resident # 1's unit when he heard them page there was an emergency on 9/15/19. When he entered the resident's room, Nurse # 3 was in the room trying to get the</p>	F 925	<p>are sustained;</p> <p>" All resident rooms and exterior grounds inspected daily by maintenance department or designee that has been initially provided by pest control technician for fire ant activity beginning on 9/16 and will continue daily x 4 weeks bi weekly x 4 weeks and monthly x 1. Any pest sightings will be reported to the Maintenance Director for treatment and EcoLab pest control services will be called for follow up as needed.</p> <p>" EcoLab pest control services will perform bi-weekly ant treatments until November 1 and will resume April 1 through the late spring and summer per pest control recommendation. This began on 9/17/2019</p> <p>Date of compliance is November 1, 2019 The Administrator is responsible for implementing the acceptable plan of correction.</p>		

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	<p>Continued From page 56</p> <p>resident in the wheelchair. The resident's eyes were open and she was breathing. She was not moving or talking. He remembered seeing a "cluster" of ants around her shoulders.</p> <p>NA # 4 was interviewed by phone on 10/4/19 at 7:00 AM. NA # 4 reported the following in her interview. When she heard the page for STAT help on 9/15/19 she went also and entered the room to find the nurses trying to get the resident out of bed. The resident was "covered with ants" from her "hair to feet." They were also in her ears, nose, mouth, and private areas. Her eyes were open, but she was not talking nor trying to move and get them off her.</p> <p>Nurse # 5 was interviewed on 10/3/19 at 6:05 PM. Nurse # 5 reported the following information in the interview. On 09/15/19 at 1:00 AM she heard a call for "stat" help. She went to Resident # 1s unit and observed Nurse # 3 taking Resident # 1 to the shower. The resident was not responding. She recalled seeing one or two ants on the resident's face coming from her mouth and nose.</p> <p>Emergency Room (ER) records for 9/15/19 revealed the resident entered the ER with cardiac arrest and expired in the ER. The ER physician noted, "Multiple small flat erythematous lesions on face and trunk. Note occasional ants crawling on patient's skin including head and face."</p> <p>The ER physician was interviewed by phone on 10/7/19 at 3:15 PM. The ER physician reported the following. When Resident # 1 arrived it was conveyed to him in the report that she had ants on her by the paramedics. At first, he thought it was a rash on her trunk, but then he realized her trunk was literally covered with bites. One ant</p>	F 925			

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	<p>Continued From page 57</p> <p>crawled out of her nose while the ER staff were working with her. According to the ER physician if an individual is covered in ants to the point that someone would mistake a Caucasian resident for a black resident, then there was a "good chance" the overwhelming fire ant venom did contribute to her death but stated he could not say for sure. According to the ER physician when an individual received hundreds of bites the body can have an overwhelming immune response to the venom which can contribute to death.</p> <p>On 10/5/19 at 11:00 AM the Administrator was interviewed and reported the following. In investigating the incident of 9/15/19 she knew there needed to be more clarification because Nurse # 3 referred to them as red ants and the other staff members described them as black ants. They placed a candy bar in the room on 9/16/19. They sprayed the room on 9/16/19 themselves because the pest control company could not come out that day. Ants did come to the candy bar on 9/17/19, and it was verified with the Pest Control Technician they were fire ants. He treated for fire ants on 9/17/19. She had never been made aware of fire ants before 9/17/19 in the facility although there had been some sugar ants. The facility corporate office had reached out to a professor of Entomology who had some expertise in the area of fire ants. They had learned about the nature of the fire ants, their ability to conglomerate, their habits, and how to prevent problems with them in future. They can travel one to two inches per second. She had wondered if the resident's bloody nose could have attracted them. They had educated their staff on monitoring for ants, reporting ants, and cleaning and practices to avoid ants. They also had created a daily monitoring tool where they</p>	F 925			

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	<p>Continued From page 58</p> <p>checked the rooms for ants.</p> <p>Review of an investigation summary by the Administrator into Resident # 1's incident revealed no mention of ants being problematic prior to the incident with Resident # 1. It noted that exterior and daily room rounds were started on 9/15/19 to ensure the facility was free of ants. The summary also noted, "The facility did an inspection of all resident rooms that could be affected by this issue. The facility has had and continues to receive monthly treatment services for pest control and biyearly treatments specifically designed for ants. Prior to this incident there were no other sightings of fire ants." The summary also noted the facility had a second contractor who came to the facility after their contracted pest control company and treated the facility on 9/20/19.</p> <p>The Maintenance Director was interviewed on 10/4/19 at 9:00 AM and again on 10/5/19 at 1:25 PM and reported the following. He had just started work in July 2019. Sometimes there were some "pop ups of sugar ants" since he had been there, and the staff would let him know if there were more than one or two. They would clean and get rid of the ants. He was not aware of a reoccurring problem with ants prior to the incident of 9/15/19, and he had never seen fire ants prior to 9/17/19 in the building. There had been no records left for him from the previous maintenance director about a problem when he started in July, 2019. They have a maintenance system where they check the AC units themselves and make sure there is nothing in them. He did not recall loose baseboards being pointed out to him since he had started in July 2019. The day (9/16/19) after Resident # 1 was</p>	F 925			

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	<p>Continued From page 59</p> <p>sent to the hospital they placed a candy bar in the empty room. They waited for 24 hours and on the date of 9/17/19 they found about 50 or 60 ants had come to the candy bar. Some of them were black with a little sheen of red on them. The Pest Control Technician came and identified the ants as fire ants, and he treated the entire facility. Resident # 1's room backed up to a courtyard, and they had not observed mounds in the courtyard. They talked to their Pest Control Technician and got a second opinion as well. They thought the ants could be burrowing under the slab foundation of the building and coming in through cracks where the foundation met the building. Because of the glued baseboard in residents' rooms, you could not see all the way to the sheetrock where the wall met the floor. They had ordered new baseboard but had not taken off the baseboard in residents' rooms to look for cracks at the bottom of the sheetrock because the replacement baseboard had not come in. If a staff member had seen more than five or six ants in a room, then he would have wanted to know about it prior to 9/17/19.</p> <p>The facility's Pest Control Technician was interviewed on 10/5/19 at 12:43 PM and at 1:35 PM. He routinely did monthly treatments of the facility which involved placing a granular pesticide solution around the facility which would treat fire ants. Additionally, twice per year he power sprayed a liquid pesticide that was to last for six months around the exterior. Prior to 9/17/19 he had been called out twice between his monthly maintenance treatments that year. One of these two times was in May 2019 and he had identified fire ants in the window sill of a resident's room. He had treated them. He also checked one sixth of the baseboards on his monthly visits and either</p>	F 925			

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	<p>Continued From page 60</p> <p>the former Maintenance Director or current Maintenance Director would accompany him and write down the rooms of any that were loose. He had directed them that loose baseboards would need to be fixed. He did not keep a list of the baseboards himself because the Maintenance Directors took note of them as he checked. He did recall he had identified some loose baseboards but did not recall which rooms and on which dates. He validated that the ants that came to the candy bar test on 9/17/19 were fire ants. Fire ants secrete pheromones and the pheromones help draw other fire ants. Within a matter of minutes to hours, other fire ants can follow the trail. Also, on the date of 9/17/19 he did identify two fire ant mounds in the courtyard outside of Resident # 1's room, but they had no activity when he looked at them on 9/17/19.</p> <p>On 10/7/19 at 2:40 PM a follow up interview was conducted with the Pest Control Technician. He had checked his records for the May, 2019 treatment of fire ants. The company had not billed the facility extra for the in between treatment, but he was sure he had identified them in May, 2019 in the window sill of a resident. He stated the facility would have kept a record of the room they were identified in.</p> <p>Review of pest control records supplied to the survey team by the facility revealed no documentation of fire ants prior to 9/17/19.</p> <p>Interview with a police detective on 10/5/19 at 6:14 PM revealed the police had responded to a call at the facility in August 2019 prior to the incident with Resident # 1. On the date of the August 2019 police call another resident's family member had been concerned about ants.</p>	F 925			

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	Continued From page 61 The police report, dated 8/11/19, was obtained and reviewed on 10/8/19. It noted police officer # 1 had responded on 8/11/19 to a call for the same hall to which Resident # 1 was later admitted to. The report noted the police officer received two different stories when she arrived. The nurse was asking for Resident # 8's family member to be removed because the family member was disruptive. When the officer spoke to Resident # 8's family member she found the family member was upset because there were ants in Resident # 8's room. Police Officer # 1 noted in her report that she (the officer) observed ants along the wall near Resident # 8's roommate (Resident #7). The officer noted in her report that she was told by staff there were ants in other resident rooms, maintenance was aware, and they would be in the following day. Police Officer # 1 was interviewed by phone on 10/9/19 at 7:38 PM. The officer reported the following. She saw about 40 to 50 ants on the floor along the wall which was near the corner of Resident # 7's side of the room (which was near the window side of the room). They looked like sugar ants at first to her, but she did not know for sure. She saw them in Resident # 7's shoes and she moved the shoes. Staff told her there were ants on that wing and maintenance was going to take care of it. A review of Resident #8's record revealed she was admitted on 7/31/19 to the 400 hall and no longer resided at the facility. According to Resident # 8's admission MDS, dated 8/13/19, the resident was cognitively impaired and needed total staff assistance. Resident #8's family member was interviewed by	F 925			

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	<p>Continued From page 62</p> <p>phone on 10/8/19 at 4:30 PM and reported the following. She had witnessed thin black ants on two occasions in Resident #8's room. On the first occasion, they were told there was nothing the staff could do because the key to what they needed was locked up. The ants were in the corner of the room near Resident # 7's side. Then later someone sprayed with ant spray and it seemed to scatter them to Resident #8's side. They were later informed by Resident #7 that after they left that evening, Resident #7 had called for assistance for Resident #8 because the ants had climbed into Resident #8's bed. The family member saw the ants again on 8/11/19. The baseboard was not sealed near the AC unit, and they seemed to be coming from that area. She was concerned because Resident # 8 could not call for help. She was not aware Resident #8 got stung by them and she did not know what kind of ants they were. That night after the officer left, they moved Resident #8. Then shortly thereafter Resident # 8 was discharged.</p> <p>A review of Resident #7's record revealed she was admitted on 8/2/19 to the 400 hall. The Resident's MDS assessment, dated 8/13/19, indicated Resident #7 was cognitively intact. Resident # 7 was interviewed by phone on 10/8/19 at 7:34 PM and reported the following. While she resided in her initial room on the 400 hall she had seen brown ants every day. They were "all over the room" and she kept telling staff about them. The ants would get in her shoes and bite her feet. She did not think they were fire ants but knew they bit her. She was aware to keep her covers off the floor, but her roommate (Resident #8) did not know to do this because she was confused. One night she saw the ants crawl up into Resident #8's bed and she called for help</p>	F 925			

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	<p>Continued From page 63</p> <p>since Resident #8 could not do so. Staff came in and changed the resident's bed linens. Staff sprayed and it "slowed them down but it did not stop them." Then one night a police officer came into her room and she was moved to another area. After she was moved, she did not have a problem, and she went home shortly after that.</p> <p>Resident #7's family member was interviewed by phone on 10/8/19 at 7:25 PM and reported the following. He visited about three to four times a week. After Resident # 7 was initially admitted on 8/2/19 he did not notice the ants, but then after a few visits he noticed "they just came out of nowhere all of the sudden." He would see more than 20 at a time. They were on the walls and the floors and appeared to him to be little black ants. They finally gave the resident a new room and then she went home.</p> <p>The facility's ant monitoring sheets they had started following the incident of 9/17/19 were reviewed. This review revealed "sugar ants" had been identified in their audits on 9/18/19 and 10/3/19 in Room 408. This was the same hall on which Resident #7, Resident # 8, and Resident # 1 resided. The audit contained documentation on 9/18/19 that the room had been deep cleaned on the window side of the room, sprayed, and the maintenance director and Administrator had been made aware. On 10/3/19 it was noted the room was sprayed and cleaned with soap and water. An audit for Room 404 revealed sugar ants had been found in this room on 10/2/19. The room and been sprayed and cleaned with soap and water.</p> <p>On 10/9/19 at 9:43 AM another interview was held by phone with the Administrator to discuss</p>	F 925			

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	<p>Continued From page 64</p> <p>Resident # 7, Resident #8, and the ant monitoring sheets. The Administrator reported she was aware the police responded on 8/11/19 but she thought it was because of a domestic issue and there was a need to remove the family who was very upset. She was aware Resident #8's family had complained of ants, but it was her understanding they were sugar ants, the residents were moved on the night of 8/11/19, and the room was sprayed and cleaned. She was not aware of any reports the ants had crawled into Resident # 8's bed. She was not aware Resident # 7 had been experiencing any problems and it was her understanding Resident # 7 had moved also because she got along with her roommate so well. They had not called their pest control company to deal with the 8/11/19 issue. They would have only done so if it had been a repetitious thing or there were a large number of ants, and it had not been her understanding this was the case. Regarding the audits, the Administrator stated it was her understanding that ants noted on the facility audits were tiny sugar ants. The Administrator stated she would check with her maintenance director and follow back up.</p> <p>On 10/9/19 at 10:51 AM the Administrator sent information by email to the surveyor. According to the email, the first sighting of ants in Room 408 was on 9/18/19; a day after the pest control company had been in on 9/17/19. They had been told there might be sightings of ants up to 24 hours after the spray on 9/17/19 and therefore they did not reach out to the pest control company. They sprayed with spray the pest control company had left them. The ants had been about 2 dozen tiny black ants in a cup. They did tell the pest control technician when he came</p>	F 925			

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	<p>Continued From page 65</p> <p>for a biweekly visit on 9/23/19, and he sprayed in the room. On 10/3/19 in Room 408 there were a couple black ants. They sprayed and cleaned again, and the Pest Control Technician was scheduled for 10/9/19.</p> <p>During a follow up interview with the Pest Control Technician on 10/9/19 at 12:26 PM the technician validated that prior to the incident of ants in Resident # 8 and Resident #7's room on 8/11/19, he had last been in the facility on 7/24/19 and he was not called for an extra service to address the 8/11/19 incident. The only local ants that bit people were fire ants. When he was in the building on 9/23/19 he had identified the ants in Room 408 to be fire ants. There were six or seven of them. He sprayed. While he was in the facility that day (10/9/19) he had identified the baseboards were loose in two rooms. These rooms were 407 and 408. Approximately ¼ to 1/8 of the baseboard on the window wall was loose at the corner behind the nightstands. He had been able to detect that there were cracks at the base of the sheetrock where the baseboard was loose by getting down on his hands and knees and using a flashlight. "All along" as he contracted with them, he had left a particular spray with the facility they could also spray with if needed. He had talked to the maintenance director and informed him if there were a dozen or two dozen ants then he would come out between his monthly services, and for sightings of less than a dozen they could use the spray. He also was always willing to look at a picture of any type of ant they might find in between his monthly visits to help them identify the type of ant.</p> <p>Information provided by the Professor of Entomology, who had been contacted by the</p>	F 925			

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	<p>Continued From page 66</p> <p>facility following the 9/15/19 incident was reviewed. The information noted the following. Food for fire ants in a facility consist of stained linens, serum and body fluids. When one of these cues is discovered by even a single scout ant, a trail will be laid between the food source and the closest foraging tunnel of the colony. As soon as a scout ant encounters a recruit on the borders of the ant nest, numerous recruits are ready to follow the new scent trail back to the food and repeat the process. The more ants on a trail, the stronger the scent becomes, and the more additional ants recruited. Fire ants are relatively fast at approximately 1 to 2 inches per second. Within 1-2 hours (conservatively) hundreds of fire ants could be recruited to a patients' bed.</p> <p>The Professor of Entomology was interviewed on 10/8/19 at 10:30 AM. He stated he counseled that facilities needed to be very proactive with fire ants. They also need to identify any type of ants that are getting into the building. Fire ants sting and inject a toxin at the site that creates a fiery sensation. The response to their sting is highly individualized. For some individuals, they can have a reaction with one or two bites, whereas other people might be able to withstand a lot of bites. The toxin is intended to be painful in order to ward animals from them. He stated many nursing homes do not understand the gravity of the threat fire ants might pose, and there needs to be better protocols to deal with them.</p> <p>On 10/9/19 at 7:29 PM the Administrator was informed of the Immediate Jeopardy. The facility provided a credible allegation of Immediate Jeopardy removal on 10/11/19. The allegation of Immediate Jeopardy removal indicated:</p>	F 925			

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	Continued From page 67 Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance; " Deficient practice - During an interview with the facility's pest control technician on 10/5/2019 he stated he treated fire ants in the window sill of a resident's room in May 2019. Resident # 7 had seen ants every day in her room (401) up until the date of 8/11/19. On that date a police officer came into the room, saw the ants, and she was moved later that night. The resident stated the ants would "bite" her on her feet and get in her shoes. She observed them crawl into her roommate's bed (Resident # 8) one night before the date of 8/11/19, and staff had to change the bed linens. Resident #8's family member on 10/8/19 at 4:30 PM revealed they saw multiple ants in the resident's room on two different occasions and observed the baseboard was not sealed where the ants were coming from. . Resident # 1 was found on 9/15/19 at 1:00 AM with ants on her face, in her mouth, in her nose, and on other parts of her body. According to interviews with NAs # 3 and # 5 during the survey, they had seen ants in Resident #1's room prior to the date of 9/14/19. Interview with the facility's pest control technician on 10/9/19 at 12:26 PM revealed he had seen 6 or 7 fire ants in Room 408 on 9/23/19 when he was in the building. He had treated them. Also, the technician stated he had been in the facility on the date of the interview (10/9/19) and identified the baseboards were loose in Rooms 407 and 408 around the area near the night stand; approximately ¼ to 1/8 of the baseboard was loose and he identified this by getting down on his knees with a flashlight. He could see the hole at the bottom of the sheet rock behind the loose	F 925			

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	Continued From page 68 baseboard. According to the technician this could contribute to any type of ant getting into the building. " Facility Action o Resident # 1 expired on 9/15/2019 o Resident # 7 and 8 were removed from their room on 8/11/2019 and Maintenance sprayed the empty room the next day o All staff education began on 10/2/2019. Administrator educated department managers who provided education to their respective departments on the following components: Understanding fire ants as per information sheet provided on Red imported fire ants: a threat to nursing homes s, identifying fire ants, removing patients from affected room if suspect fire ants, immediately contact maintenance director if any activity is suspected, when in resident rooms inspect floor, linen and window sill for ant activity proper food storage, availability of storage containers, and removing trash in resident rooms promptly. This education was completed on 10/3/2019. o On 9/17/2019 the facility's pest control company provided complete exterior treatment for ants and also sprayed internally in room 405. Facility also moved services from monthly to bi-weekly ant treatments to reduce ant activity. o On 9/20/2019 Master exterminators came out to center and completed an external ant treatment. o On 9/18/2019 Environmental services director was educated on using soap and water to erase pheromones in room after ant activity noted per the direction of a university entomologist. o All resident rooms and exterior grounds inspected daily by maintenance department or designee that has been initially provided by pest	F 925			

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	<p>Continued From page 69</p> <p>control technician for fire ant activity beginning on 9/16 and will continue daily x 4 weeks bi weekly x 4 weeks and monthly x 1. Any pest sightings will be reported to the Maintenance Director for treatment and the facility's pest control services will be called for follow up as needed.</p> <p>" All residents have the potential to be affected by these deficient practices.</p> <p>Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete;</p> <p>" All staff education began on 10/2/2019. Administrator educated department managers who provided education to their respective departments on the following components: Understanding fire ants as per information sheet provided on Red imported fire ants: a threat to nursing homes, identifying fire ants, removing patients from affected room if suspect fire ants, immediately contact maintenance director if any activity is suspected, when in resident rooms inspect floor, linen and window sill for ant activity this education was completed on 10/3/2019.</p> <p>" On 10/11/2019 a letter was delivered to all residents and mailed to families using the information sheet Red imported fire ants: a threat to nursing homes. The letter highlights important facts about fire ants, how they come in, why they come in, how they can assist with preventing them and what to do if they see ants The education provided also included the resident and family's responsibility in prevention of fire ants by disposing of uneaten food or placing such food in a sealed container that will be provided by the center.</p>	F 925			

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	<p>Continued From page 70</p> <p>" Any employee that did not receive the education will be removed from the schedule until education is completed.</p> <p>" All new employees will be educated on Understanding fire ants as per information sheet provided on Red imported fire ants: a threat to nursing homes and day care centers, identifying fire ants, removing patients from affected room if suspect fire ants, immediately contact maintenance director if any activity is suspected, when in resident rooms inspect floor, linen and window sill for ant activity by director of nursing or designee during new hire orientation.</p> <p>" As per the recommendation of pest control technician Maintenance department began on 10/10/2019 removing all resident room cove base on the wall the leads to the exterior inspecting for cracks/holes and sealing if found. The cove base in all rooms were inspected and ensured no gaps exist. This will be completed 10/10/2019</p> <p>" All resident rooms and exterior grounds inspected daily by maintenance department or designee that has been initially provided by pest control technician for fire ant activity beginning on 9/16 and will continue daily x 4 weeks bi weekly x 4 weeks and monthly x 1. Any pest sightings will be reported to the Maintenance Director for treatment and the facility's pest control services will be called for follow up as needed.</p> <p>" The facility's pest control company will perform bi-weekly ant treatments until November 1 and will resume April 1 through the late spring and summer per pest control recommendation. This began on 9/17/2019</p> <p>Date of compliance is October 11th 2019. The Administrator is responsible for implementing the acceptable the immediate jeopardy removal plan.</p>	F 925			

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

PRINTED: 11/15/2019
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 10/15/2019
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 925	Continued From page 71 On 10/15/19 the facility's plan for immediate jeopardy removal was validated by the following. Multiple residents were interviewed and stated they had seen no ants. Residents validated they had received letters from the facility in regards to fire ant education. Random room observations throughout the facility revealed the rooms were clean and without any type of ants. Baseboards were observed to be tight against the floor at the bottom of the sheet rock. Residents reported during their interviews that staff had been in within the past week, removed the baseboard, and caulked before replacing the baseboard at the window side of the room. Staff interviews revealed there had been no sightings of fire ants in the past week within the facility. The facility had documented evidence of daily room audits and exterior grounds per their credible allegation of Immediate Jeopardy removal plan. The facility also had documentation of inservice training per their credible allegation of Jeopardy removal plan. Interviews were conducted with housekeepers, nurses, and nurse aides on 10/15/19. These interviews included staff on different units and different shifts. During these interviews staff validated they had received training per the facility's credible allegation of compliance plan. They were knowledgeable about recognizing fire ants, monitoring for fire ants, measures to take if fire ants were seen, and how to respond if a resident had fire ants on them. Interviews conducted with the Maintenance Director and Administrator on 10/15/19 revealed there had been no further sightings of fire ants, and the facility's plan of correction would be ongoing.	F 925			