

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

PRINTED: 10/13/2021
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 09/13/2021
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NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF CUMBERLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306
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F 000	INITIAL COMMENTS	F 000		
F 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or</p>	F 580		9/24/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/22/2021
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 580	<p>Continued From page 1</p> <p>State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, staff and physician interviews the facility failed to notify the physician of a change in condition for 1 of 5 sampled residents (Resident #1) with a change in condition.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 9/9/20 and had a diagnosis of end stage kidney disease and dependence on dialysis.</p> <p>The most recent Minimum Data Set (MDS) Assessment (Quarterly) dated 8/11/21 noted the resident was cognitively intact, refused care 1-3 days during the lookback period and received dialysis.</p> <p>On 9/6/21 the resident was sent from dialysis to the Emergency Department (ED) due to maggots between his toes. A nursing progress note dated</p>	F 580	<p>The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F 580</p> <p>1. How corrective action will be accomplished for those residents found to</p>		

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F 580	<p>Continued From page 2</p> <p>9/6/21 at 7:00 PM revealed the resident had returned to the facility and stated he had refused treatment at the ED. There was no documentation that the resident's physician was notified that maggots were reported by dialysis to be between the resident's toes or that the resident had been sent to the ED and he refused treatment.</p> <p>The Physician that cared for Resident #1 in the facility stated in an interview on 9/10/21 at 3:10 PM that he had not been called regarding the maggots on the resident's feet or that he was sent to the ED for treatment. The Physician stated if the facility saw maggots on the resident's feet, he would expect the facility to notify him. The Physician indicated he expected the facility to notify him if a resident was sent to the ED and/or reported to the facility by dialysis staff the resident had maggots between his toes.</p> <p>On 9/10/21 at 4:15 PM the Administrator stated in an interview she thought the physician was notified later in the week of the maggots and the visit to the ED.</p>	F 580	<p>have been affected: Residents #1's MD was notified on 9/10/2021</p> <p>2. 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>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur</p> <p>" The director of nursing or designee will educate all licensed nursing staff on notifying MD of any resident transferred to the hospital from any entity including office visits and dialysis. Licensed nursing staff will also notify MD of any unusual occurrence from an outside entity such as an office visit or dialysis and a note will be placed in the medical record. This will be completed by 9/24/2021.</p> <p>" Any nursing staff who has not completed the education by 9/24/2021 will be removed from the schedule.</p> <p>" All new hire nursing staff will receive this education during the orientation process</p> <p>" Unit Coordinator/Manager or designee will audit the 24-hour report daily Monday-Friday x 4 weeks, 3x weekly x 4 weeks and weekly x 4 weeks.</p> <p>4. F580 Indicate how the facility plans to monitor its performance to make sure</p>		

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F 580	Continued From page 3	F 580	that solutions are sustained		
F 657 SS=D	<p>Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced</p>	F 657	<p>Findings from audits will be reviewed monthly in Quality Assurance meeting x3 for any further problem resolution if needed. 5. Completion date 9/24/2021</p>	9/24/21	

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F 657	<p>Continued From page 4</p> <p>by: Based on record review and staff interview the facility failed to update a resident's care plan to include the resident's refusal of care for 1 of 2 sampled residents (Resident #1) that refused care.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 9/9/20 and had a diagnosis of end stage renal disease, dependence on dialysis, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and venous insufficiency.</p> <p>The most recent Minimum Data Set (MDS) Assessment (Quarterly) dated 8/11/21 revealed the resident was cognitively intact and refused care for 1 to 3 days during the lookback period. The MDS noted the resident was independent with set-up for eating and personal hygiene and required limited assistance with transfers, toileting and bathing and dressing did not occur during the entire lookback period. The MDS revealed the resident was short of breath on exertion and when lying flat. The MDS noted the resident received dialysis.</p> <p>The resident's care plan last revised on 8/25/21 noted a focus area that the resident was resistive to care and refused dialysis treatment related to non-compliance. The goal was for the resident to cooperate with care through the next review date. The interventions included the following: Allow the resident to make decisions about treatment regime to provide a sense of control and to encourage as much participation by the resident as possible during care activities. The care plan contained an entry dated 9/18/20 that the resident</p>	F 657	<p>F657</p> <p>1. How corrective action will be accomplished for those residents found to have been affected: Residents #1's care plan was updated to reflect all areas of refusals on 9/21/2021.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>" All residents with refusals of care have the potential to be affected by this practice. " All resident's care plans who have refusals of care were updated to reflect specific areas of refusals. This was completed 9/24/2021.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur</p> <p>" The director of nursing or designee will educate all nursing administration staff on ensuring the care plan reflects specific refusals of care by 9/24/2021. " Unit Coordinator/Manager or designee will audit 24 hour report for new refusals and ensure the care plan is updated appropriately daily Monday-Friday x 4 weeks, 3x weekly x 4 weeks and weekly x 4 weeks.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that</p>		

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F 657	<p>Continued From page 5</p> <p>had an ADL (activities of daily living) self-care performance deficit related to an unsteady gait.</p> <p>A progress note dated 8/5/21 noted the Interdisciplinary Team (IDT) met with the resident to review his care plan as the resident refused dialysis and dressings to the bilateral lower extremities. The Resident stated he knew when his dressings needed to be changed and that was all that mattered.</p> <p>A progress note dated 9/1/21 at 1:15 PM revealed the resident refused a full skin assessment but the nursing assistant reported redness to the buttocks. The note revealed the staff encouraged the resident to allow them to do the treatment but the resident refused.</p> <p>A progress note dated 9/6/21 at 9:20 AM noted the resident refused care from staff and refused oxygen prior to leaving for dialysis.</p> <p>On 9/8/21 at 9:40 AM, Nurse #1 stated in an interview that if any resident refused care she would encourage the resident and tell them the benefit of feeling clean. The Nurse further stated if the resident still refused she would leave and re-approach the resident later. The Nurse stated they were supposed to offer care three times and if the resident still refused then she would document the refusal in the chart.</p> <p>On 9/9/21 at 10:20 PM an interview was conducted with Nurse #2. The Nurse stated that prior to dialysis on the morning of 9/6/21 she tried to change the resident's dressings because a lot of times the residents were very tired when they returned from dialysis and did not want to be bothered. The Nurse further stated the resident</p>	F 657	<p>solutions are sustained</p> <p>Findings from audits will be reviewed at the Quarterly Quality Assurance meeting x1 for any further problem resolution if needed.</p> <p>5. Completion date 9/24/2021</p>		

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F 657	<p>Continued From page 6</p> <p>refused to let her change his dressings. The Nurse stated there was an order for the resident to go to dialysis with oxygen and she took an oxygen tank to the resident and he refused to use the oxygen. The Nurse stated when the resident returned from dialysis she again tried to change his dressings but he still refused.</p> <p>On 9/8/21 at 11:35 AM an interview was conducted with the Unit Manager who stated Resident #1 refused bathing and showers, refused to change clothes including his socks, treatments to his legs and dialysis. The Unit Manager further stated she would offer to change his dressings and the resident would say he would take a shower later and she could change his dressings then but when asked about taking a shower later, the resident would say he had changed his mind and did not want a shower or that he was too tired. The Unit Manager stated the resident refused weekly skin assessments routinely.</p> <p>On 9/8/21 at 11:55, Nursing Assistant (NA) #1 stated in an interview the resident refused showers. The NA stated the resident's socks would be wet and he would refuse to let her change his socks. The NA further stated on the morning of 9/6/21 she asked him about getting a bath and he said no. The NA stated there were stains on the resident's shirt and he would not let her change his shirt.</p> <p>On 9/8/21 at 12:09 PM, NA #2 stated if a resident refused care, she would leave and re-approach again a little later. The NA stated they were required to try three times to provide care and the resident had the right to refuse care. The NA further stated then she would document the</p>	F 657			

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F 657	<p>Continued From page 7 refusal.</p> <p>On 9/8/21 at 1:30 PM an interview was conducted with the facility Social Worker who stated the resident did his own thing and when staff tried to provide care, 9 out of 10 times the resident would refuse. The Social Worker stated the resident would refuse baths/showers, dressing changes and would not complete a full session of dialysis. The Social Worker further stated they had had multiple meetings with him and his responsible party to come up with a plan and he would agree to the plan and would follow the plan one time and then go back to doing what he wanted to do. The Social Worker stated the Social Worker at dialysis called about the resident coming to dialysis with poor hygiene and they came up with a plan for him to shower the night before or the morning of dialysis and he agreed to the plan but when the shower was offered, he would not take a shower and said he could clean up himself.</p> <p>The Care Plan did not address the refusal of bathing/showers, changing clothes, refusal of oxygen or treatments to his legs or specific interventions for the refusals.</p> <p>On 9/13/21 at 8:40 AM MDS Nurse #1 stated in an interview they did not care plan the specific refusals of care because the resident refused everything from baths, showers, refused to go to bed, change his socks, and clothing. The MDS Nurse stated they did not put everything on the care plan, but the staff did document the resident's refusal of care in the nurse's notes.</p> <p>On 9/13/21 at 8:40 AM MDS Nurse #1 stated in an interview they did not care plan the specific refusals of care because the resident refused</p>	F 657			

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F 657	Continued From page 8 everything from baths, showers, refused to go to bed, change his socks, and clothing. The MDS Nurse stated they did not put everything on the care plan, but the staff did document the resident's refusal of care in the nurse's notes. The Administrator stated in an interview on 9/10/21 at 4:15 PM that the resident refused everything, so they did not specify all the care areas on the care plan.	F 657		