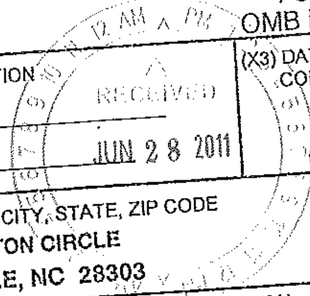
PRINTED: 06/16/2011
FORM APPROVED
OMB NO. 0938-0391

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



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345414	A. BUILDING ______ B. WING ______	06/08/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYMOUNT REHABILITATION & NURSING CENTER, INC	2346 BARRINGTON CIRCLE FAYETTEVILLE, NC 28303

(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 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to check for placement of a gastrostomy tube for 1 of 3 residents receiving tube medications (resident #116) prior to administering medications. 1. Review of the policy titled "Administering Medications through an Enteral Tube" dated April 2007 indicated on subtitle #17: For nasogastric, esophagostomy, or gastrostomy tubes, check placement and gastric contents: a. Attach 50 to 60 milliliter (ml) syringe containing approximately 10 cubic centimeters (cc) air. b. Auscultate the abdomen (approximately 3 inches below the sternum) while injecting the air from the syringe into the tubing. c. Listen for ' whooshing " sound to check placement of the tube in the stomach. Resident #116 was admitted to the facility on 10/08/2003. The resident's cumulative diagnoses included Altered mental Status, Traumatic Brain Injury and Reflux Esophagitis. The Minimum Data Set dated 04/01/2011 indicated the resident had short and long term memory deficits and severe impairments in daily	F 281	Haymount Rehabilitation & Nursing Center acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents. The plan of correction is submitted as written allegation of compliance. The below response to the Statement of Deficiency and plan of correction does not denote agreement with the citation by Haymount Rehabilitation & Nursing Center. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cheryl M. Geddie | TITLE: Administrator | (X6) DATE: 6/24/11

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 281	Continued From page 1 decision making. During medication pass observation on 6/07/2011 at 2:15PM, Nurse #2 poured 2 pills into a cup and crushed them, mixed them with liquid, entered the resident ' s room, provided privacy, stopped the tube feeding, disconnected the tube feeding from the pump, attached a syringe to the feeding tube and poured the crushed medication mixture into the feeding tube. Nurse #2 then flushed the tube with water and reconnected the feeding tube to the pump and left the room. The nurse did not check for placement of the tube prior to administering the medications. In an interview following the medication administration at 2:20 PM, the nurse indicated the procedure for administering tube medications was to check for tube placement by listening for air prior to administration. Review of the Medication Administration Record dated 06/01/11 through 06/30/2011 indicated "Check Feeding Tube Placement Prior to Feeding, Flushes and Med Administration" each shift. The Director of Nursing reported on 6/07/2011 at 4:21 PM it was her expectation nurses should check for tube placement prior to giving medications per facility policy either by listening for air or by aspiration of contents.	F 281	Resident #116 has had no negative effects.	6/9/11
			Nurse #2 was counseled immediately on the facility's policy and procedure for verifying the feeding tube placement prior to giving flushes or administering medications. (By DON - CK)	6/9/11
			The facility has reviewed and identified all residents who have feeding tubes to ensure that they all have physician orders to verify placement of the feeding tube prior to administering medications or flushes. (RN Supervisor reviewed - CK)	6/24/11
			All licensed nursing staff has been in-serviced on the facility's policy on *Administering Medication Through An Enteral Tube.* (Pharmacy Consultant & RN Supervisor performed In-service)	6/9/11 and 6/12/11
			The DON/RN designee will complete an *Enteral Tube Medication Administration Skills Checklist* on all licensed nursing staff to verify skills are performed according to the facility policy and procedure. This competency skills checklist will be completed upon hire, and annually.	6/27/11
			The DON/RN designee will complete random Validation Checklist of nurses performing feeding tube verification procedures weekly x4 weeks, then monthly x 3mths to ensure nurses are in compliance. Findings will be discussed at the Quarterly QA Meeting for further warranted action.	6/27/11