

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  345505	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	DATE SURVEY COMPLETE:  5/9/2013
NAME OF PROVIDER OR SUPPLIER  CAROLINA REHAB CENTER OF CUMBERLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 4600 CUMBERLAND ROAD FAYETTEVILLE, NC	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 157	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident, consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention, a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §83.15(e) (2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the residents legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, and family interview, the facility failed to notify the legal representative that while care was provided the staff lowered 1 of 1 resident (Resident #81) on to the floor. The findings included:</p> <p>Resident #81 was admitted into the facility on admitted 12/9/08. Diagnoses included Abnormal Posture and Dementia. The annual minimum data assessment dated 3/12/13 indicated Resident #81's short and long term memory was impaired. Extensive assistance of one person physical assist was required with transfers.</p> <p>A review of the nurse's note completed by Nurse #1 written on 5/1/13 at 4:31 pm read in part "All activities of daily living by staff, resident usually stand for changes - did not do today. Unable to stand with one or three assist."</p> <p>In an interview on 5/8/13 at 12:29 pm, NA #2 accompanied by the director of nursing (DON) revealed that toward the end of April 2013 - beginning of May 2013 (could not recall the specific date) between 11:00 am - 11:30 am, she provided incontinence care to Resident #81 by herself while standing Resident #81 up at the foot of the bed. NA #2 stated Resident #81 became resistant; the broda chair was positioned too far away from Resident #81; so she lowered Resident #81 on to the floor on her buttocks while yelling for help due to she could no longer hold the resident.</p> <p>In an interview on 5/8/13 at 12:39 pm, Nurse #2 stated that she was notified on 5/1/13 by Nurse #1 that Resident #81 "was sat down on the floor so that NA #2 could get a better grip" Nurse #2 indicated that she</p>		

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The above isolated deficiencies pose no actual harm to the residents

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NAME OF PROVIDER OR SUPPLIER  <b>CAROLINA REHAB CENTER OF CUMBERLAND</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4600 CUMBERLAND ROAD FAYETTEVILLE, NC</b>		
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<b>F 157</b>	<p>Continued From Page 1</p> <p>did not notify the legal representative because she expected Nurse #1 to have notified the legal representative as the primary nurse and communicated also via the shift report Nurse #2 indicated she did notify the DON.</p> <p>In an interview on 5/8/13 at 12:41 pm, Nurse #1 indicated she did not notify the legal representative, because she assessed Resident #81 with no injuries, gait belt was intact, and NA #2 conveyed to her that the resident was assisted on to the floor and did not fall on to the floor.</p> <p>In an interview on 5/8/13 at 2:12 pm, the DON accompanied by the administrator and the regional consultant stated she expected the legal representative to have been notified of Resident #81 being lowered on to the floor by NA #2. The DON indicated she was notified that Resident #81 had been lowered on to the floor but could not recall when or who informed her.</p> <p>During an interview on 5/10/13 at 5:45 pm, the legal representative revealed that she observed a mechanical lift pad underneath Resident #81 during her visitation on 5/1/13 at 6:30 pm, with suspicion that a fall had occurred and she had not been notified immediately. The legal representative stated she inquired from Nurse #3 during her visit why there was a mechanical lift pad underneath Resident #81 and Nurse #3 informed her that the mechanical lift pad was in place due to report that Resident #81 had trouble standing up. The legal representative elaborated in the past (no specific date indicated) she had informed the nursing staff that she was the legal guardian and wanted to be notified immediately regarding any concerns of care outside of the norm. The legal representative concluded that she expected to have been notified right after the incident took place, and informed of exactly what had happened</p>		

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

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 01 - MAIN BUILDING 01 B. WING _____	RECEIVED JUN 24 2013 CONSTRUCTION SECTION	(X3) DATE SURVEY COMPLETED 6/13/2013
NAME OF PROVIDER OR SUPPLIER  CAROLINA REHAB CENTER OF CUMBERLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28403		

(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)	(X6) COMPLETION DATE
K 000	INITIAL COMMENTS  Surveyor: 27871 This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III construction, one story, with a complete automatic sprinkler system.	K 000	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  The deficiencies determined during the survey are as follows:  This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: when staff was interviewed on location of emergency release switch for mag locking system(nurse station) they did not have knowledge of location.	K 038	<b>K038 What corrective action will be accomplished by the facility to correct the deficient practice-</b> An immediate in-service was completed for all employees on the unit on how to release the mag lock doors in case of emergency. Completion 6/13/13.	6-13-13
K 076 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.	K 076	<b>How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken -</b> All employees within the center were mandated to attend training on how to release the mag locks in case of emergency, which	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Scharice F. Cain TITLE: Administrator (X6) DATE: 6-24-13

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NAME OF PROVIDER OR SUPPLIER  CAROLINA REHAB CENTER OF CUMBERLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 4800 CUMBERLAND ROAD FAYETTEVILLE, NC 28305	
(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
K 000	INITIAL COMMENTS  Surveyor: 27871 This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III construction, one story, with a complete automatic sprinkler system.	K 000	included how the mag locks were released, where the release switches were located, and that when the release button was pushed, all mag locks would be released, therefore extra surveillance of wandering patients would be needed. Completion 6/21/13.	6-21-13
K 038 SS=E	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: when staff was interviewed on location of emergency release switch for mag locking system(nurse station) they did not have knowledge of location.	K 038	Measures to be put in place or systemic changes made to ensure practice will not re-occur – Each month the center holds a safety meeting. Prior to the safety meeting, the maintenance director will randomly ask employees throughout the facility if they know how to release the mag locks in case of emergency. Immediate education will be provided to any employee who does not know. The SDC will provide facility-wide education on how to release the locks if needed at that time. Completion 6/21/13.	6-21-13
K 076 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.	K 076	How facility will monitor corrective action(s) to ensure deficient practice will not re-occur-	

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

TITLE

(X6) DATE

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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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K 038 SS=E	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	K 038		
K 076 SS=E	This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: when staff was interviewed on location of emergency release switch for mag locking system(nurse station) they did not have knowledge of location.  42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.	K 076		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345605	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  06/13/2013
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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K 076	Continued From page 1  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: oxygen storage room on 100 hall had empty cylinders mix in with full ones. Also on 100 and 700 hall oxygen storage room, three oxygen cylinders were not in a rack or cart.	K 076	<b>K076 What corrective action will be accomplished by the facility to correct the deficient practice—</b> An in-service was immediately held throughout the facility, conducted by the SDC on proper oxygen storage, to include: full tanks must be separated from empty, in the appropriate storage racks, which are clearly identified in the clean utility rooms on each unit. No oxygen should be stored on the floor or in patient rooms. Completion 6/13/13.  <b>How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken –</b> All employees attended a mandatory in-service which covered proper oxygen storage: full tanks must be separated from empty, in the appropriate storage racks, which are clearly identified in the clean utility rooms on each unit. No oxygen should be stored on the floor or	6-13-13
K 147 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2.  This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: extension cords(2) were being used in residents bedroom 108 bed #1.	<del>K 147</del>		



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K 076	Continued From page 1  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: oxygen storage room on 100 hall had empty cylinders mix in with full ones. Also on 100 and 700 hall oxygen storage room, three oxygen cylinders were not in a rack or cart.	K 076	absence of the administrator. Completion 6/13/13. All leadership team members were educated on proper storage of oxygen. All leadership team members have specific hall assignments to round on daily, and have been instructed to make sure there is no oxygen stored in patient rooms and they are also required to check proper storage within clean utility rooms. Any issues identified will be immediately brought to the attention of the administrator. Completion 6/13/13.	6.13.13	
K 147 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: extension cords(2) were being used in residents bedroom 108 bed #1.	K 147	<b>K147 What corrective action will be accomplished by the facility to correct the deficient practice –</b> Extension cord found in patient room 108 was immediately taken out. The unit manager called the family to make them aware that the extension cord brought in was a fire hazard and explained the hazard to them at that time. Completion 6/13/13.  <b>How you will identify other life safety issues having the</b>	6.13.13  6.13.13	



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K 147	Continued From page 2  42 CFR 483.70(a)	K 147	<p><b>potential to affect residents by the same deficient practice and what corrective action will be taken –</b>                      All patient rooms checked for extension cords. No other issues identified. Completion 6/13/13.</p> <p><b>Measures to be put in place or systemic changes made to ensure practice will not re-occur –</b>                      All employees were educated on the hazard of extension cords. In-service included that extension cords are not to be used within the facility and if identified, to immediately notify the administrator so proper follow up with the patient and/or family can take place and the extension cord(s) will be immediately removed. Leadership team members have been educated to look for this during their daily rounds in the patient rooms and will notify the administrator if any issues are identified. Identified issues will be discussed in the monthly QA meeting. Completion 6/13/13.</p> <p><b>How facility will monitor corrective action(s) to ensure</b></p>	6-13-13	

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K 147	Continued From page 2  42 CFR 483.70(a)	K 147	<p><b>deficient practice will not re-occur –</b>                      All employees were educated on the hazard of extension cords. In-service included that extension cords are not to be used within the facility and if identified, to immediately notify the administrator so proper follow up with the patient and/or family can take place, and the extension cord(s) will be immediately removed. Leadership team members have been educated to look for this during their daily rounds in the patient rooms and will notify the administrator if any issues are identified. Identified issues will be discussed in monthly QA meeting. Completion 6/13/13.</p>	6/13/13	