

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/12/2013
NAME OF PROVIDER OR SUPPLIER WOODLANDS NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301		
(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	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews with staff and the pharmacy technician, the facility failed to follow physician orders for medication administration for 1 (Resident #1) of 3 sampled residents.</p> <p>The findings included:</p> <p>Resident #1 was last readmitted to the facility on 12/5/13 at 2:40 PM. Diagnoses included Parkinson's disease, hypertension, benign prostatic hypertrophy (BPH) and metastatic stage IV adenocarcinoma.</p> <p>Medication orders dated 12/5/13 included: Cardizem (an antihypertensive agent) 30 milligrams (mg) 2 tablets every 8 hours, carbidopa-levadopa (an anti-Parkinson ' s agent) 25-100 mg 2 tablets 4 times a day, megestrol acetate (an appetite stimulant) 400 mg daily, Flomax (to treat BPH) 0.4 mg daily and finasteride (to treat BPH) 5 mg daily.</p> <p>Review of the December Medication Administration Record (MAR) revealed the following medication doses were not administered as ordered due to not being available: (1) Cardizem: 12/5/13 at 10:00 PM, 12/6/13 at 8:00 AM, 1:00 PM, 8:00 PM and 12/7/13 at 8 AM and 1 PM; (2) carbidopa-levadopa 12/6/13 at 8:00 AM, 12:00 PM, 4:00 PM and 8:00 PM and 12/7/13</p>	F 281	<p>Woodlands Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiency and proposed 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.</p> <p>Nurse #1 was suspended on 12/12/13 by the Director of Nursing, pending review of resident #1's physician orders and medication administration records for December 2013. Nurse #1 was terminated by the Director of Nursing on 12/16/13 for not following facility/pharmacy policy and procedure for obtaining medications ordered by the physician for resident #1 on 12/5/13. The nurse who worked 3-11 shift on 12/5/13 was suspended on 12/12/13 by the Director of Nursing, pending review of resident #1's physician orders and medication administration records for December 2013. The nurse who worked 3-11 shift on 12/5/13 was terminated on 12/16/13 by the Director of Nursing for not following facility/pharmacy policy and procedure for obtaining medications ordered by the physician for resident #1</p>	12/30/13	

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

TITLE

(X6) DATE

Electronically Signed

12/31/2013

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	<p>Continued From page 1</p> <p>at 8:00 AM and 12:00 PM; (3) megestrol acetate 12/6/13 and 12/7/13 at 8:00 AM; (4) Flomax 12/6/13 at 5:00 PM and finasteride 12/6/13 at 5:00 PM.</p> <p>During an interview on 12/12/13 at 12:10 PM, Nurse #1 acknowledged she was on duty 12/5/13 when Resident #1 returned from the hospital. The nurse explained that because the resident was admitted after 2:00 PM, the oncoming shift was responsible for handling the paperwork for the admission, including pharmacy orders. Nurse #1 acknowledged she worked on 12/6/13 and believed the medications for Resident #1 would come in later in the evening. Nurse #1 stated she would not call for medications unless the resident was in some type of distress from not getting the ordered medications.</p> <p>The nurse who worked the 3-11 shift on 12/5/13 was not available for interview during the survey.</p> <p>On 12/12/13 at 3:06 PM the Unit Manager provided the fax transmittal sheet indicating the request for Resident #1's medications was successfully faxed to the pharmacy on 12/5/13 at 8:12 PM.</p> <p>During an interview on 12/12/13 at 3:44 PM, the pharmacy technician indicated she could find no record of any calls from the facility to the on-call pharmacist from 12/5/13-12/7/13. During the interview the pharmacy technician reviewed the actual faxes that had been received on 12/5/13 and found the request for Resident #1's medications attached to a record for another patient.</p> <p>During an interview on 12/12/13 at 3:35 PM, the</p>	F 281	<p>on 12/5/13.</p> <p>The facility has determined that all residents have the potential to be affected, but currently after review of physician orders and medication administration records, by the administrative nurses, on 12/13/2013, there is no evidence of any deficient medication administration practice. All nurses and med aides have been in-serviced by the Staff Development Nurse/Pharmacy representative, on 12/20/2013, on facility/pharmacy policy and procedure for obtaining medications ordered by the physician. Any Nurse or med aide that has not been in-serviced as of 12/30/13, will not be allowed to report to duty until training is complete. The administrative nurses will review all new orders in the morning clinical meeting to ensure all medications are received and administered in a timely manner per facility/pharmacy policy and procedure using the Physician order report, available in the facilities electronic record software, and the pharmacy manifest sheets 5 x per week x 4 weeks, weekly x 4 weeks, monthly x 3 months, quarterly x 3 quarters, and as needed. The plan and its outcomes will be reviewed by the Quality Assurance Process Improvement committee during the monthly Quality Assurance Process Improvement meeting. Any deviations of the plan will be examined using a Root Cause Analysis approach to the issue and amendments to the plan as needed. This review, outcomes, recommendations, and monitoring will be included in, the facility</p>		

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

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F 281	Continued From page 2 Director of Nursing (DON) revealed she had not been informed that Resident #1's medications had not come from the pharmacy. The DON indicated the procedure for procuring medications in a timely fashion was posted at the nurse's station. The DON provided a copy of the posted procedure. The DON explained if requests for medications were not faxed to the pharmacy by 5:30 PM, the nurse was to fax the request to the pharmacy and also call the on-call pharmacist so medications could be delivered that same evening. The DON indicated she expected medications to be received the day of admission and if there was a problem, she expected the nurses to let her know. The copy of the posted procedure for obtaining medications included the pharmacy telephone and fax numbers, hours of operation listed as Monday - Friday 8:30 AM - 5:30 PM and Saturday 8:30 AM - 12:00 PM. After hours instruction included to call new orders in to the on-call pharmacist at the pharmacy telephone number.	F 281	Quality Assurance Process Improvement meeting minutes, monthly x 3 months, quarterly x 3 quarters, and as needed. Any changes to the plan will be documented in the Quality Assurance Process Improvement meeting minutes, and appropriate staff re-in-serviced to changes in the plan by administrative nurses. Any changes to the plan will require the monitoring of such changes to begin at the initial review schedule of 5 x per week x 4 weeks, weekly x 4 weeks, monthly x 3 months, quarterly x 3 quarters, and as needed.		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, facility policy, staff interview and record review, the facility failed to ensure thorough incontinence care was provided	F 312	NA #1 was given a disciplinary action by the Director of Nursing on 12/12/13 for not following facility policy and procedure for	12/31/13	

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F 312	<p>Continued From page 3 for 1 (Resident #1) of 3 sampled residents observed during incontinence care.</p> <p>The findings included:</p> <p>The facility policy, revised October 2010, entitled "Perineal Care" read in part, "For a male resident" "Wash and rinse the rectal area thoroughly, including the area under the scrotum, the anus and the buttocks."</p> <p>Resident #1 was initially admitted to the facility on 9/3/13 and last readmitted on 12/5/13. Cumulative diagnoses included Parkinson's disease and advanced dementia. The quarterly Minimum Data Set (MDS) dated 11/12/13 revealed the resident had severe cognitive impairment and required extensive assistance with bed mobility, transfers and personal hygiene. The Care Plan dated 9/17/13 revealed a problem of potential for complications associated with frequent incontinence. Approaches included every one hour bowel and bladder checks and provide incontinent/peri (perineal) care after each incontinent episode.</p> <p>On 12/10/13 at 6:55 PM, Nursing Assistant (NA) #1 was observed to find Resident #1 incontinent of bowel and bladder. NA#1 provided incontinence care using disposable white washcloths and a perineal liquid wash preparation. NA#1 first washed the resident's penis, anterior scrotum and bilateral groin areas while the resident was lying flat in bed. The resident was observed to be rigid, keeping his legs together. NA#1 turned the resident on his left side and wiped the buttocks and anal area. The resident remained rigid with legs together. The washcloth was observed with a brown color after</p>	F 312	<p>perineal care while providing perineal care for Resident #1. NA #1 was in-serviced on facility policy and procedure on perineal care and was observed by the Staff Development Coordinator and checked off using the pericare skills checklist on 12/12/13.</p> <p>All Certified Nursing Assistants and Medication aides were in-serviced on facility policy and procedure for perineal care. All Certified Nurses Assistants and Medication aides were observed and checked off for perineal care using the pericare skills checklist. Any Certified Nurses Assistant or Medication aide that has not received training as of 12/31/13 will not be permitted to return to duty until training is complete.</p> <p>The facility has determined that all residents requiring perineal/incontinent care by staff have the potential to be affected, but currently after observation of Certified Nursing Assistants, providing perineal care, by the administrative nurses, using the pericare checklist, on 12/31/2013, there is no evidence of deficient practice.</p> <p>Certified Nurses Assistants will be observed performing perineal care by administrative nursing staff or hall nurse using the pericare skills checklist. A random sample of 2 Certified Nurses Assistants per day to include all shifts, 7 days per week, will be selected daily x 4 weeks, weekly x 4 weeks, monthly x 3 months, quarterly x 3 quarters, and as needed.</p> <p>The plan and its outcomes will be reviewed by the Quality Assurance</p>		

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F 312	Continued From page 4 the final wipe. NA#1 then applied a barrier ointment to the buttocks and began to apply a clean diaper. NA#1 was asked to recheck the resident's genital area. Stool was visible when the scrotum was lifted. NA#1 washed the area. The NA was also asked to wipe the buttocks again. The washcloth was brown after 2 additional wipes and was discarded. A second washcloth was last viewed as light brown after 2 wipes. NA#1 then reapplied barrier cream and the clean diaper. During an interview on 12/10/13 at 7:07 PM, NA#1 acknowledged that the resident's scrotum had not been thoroughly cleaned of stool initially and that the washcloth was still showing brown when the care was completed. NA#1 said he usually stopped wiping when no more fecal matter was present. During an interview on 12/12/13 at 8:54 AM, the Director of Nursing (DON) stated she considered a resident thoroughly cleaned when there were no visible traces of feces on the skin. The DON added she would expect the washcloth to be fairly clean after the final wipe.	F 312	Process Improvement committee during the monthly Quality Assurance Process Improvement meeting. Any deviations of the plan will be examined using a Root Cause Analysis approach to the issue and amendments to the plan as needed. This review, outcomes, recommendations, and monitoring will be included the facility Quality Assurance Process Improvement meeting minutes, monthly x 3 months, quarterly x 3 quarters, and as needed. Any changes to the plan will be documented in the Quality Assurance Process Improvement meeting minutes, and appropriate staff re-in-serviced to changes in the plan, by administrative nurses. Any changes made to the plan will require the monitoring of such changes to begin at the initial review schedule of daily x 4 weeks, weekly x 4 weeks, monthly x 3 months, quarterly x 3 quarters, and as needed.		
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate	F 425		12/30/13	

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F 425	<p>Continued From page 5</p> <p>acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews with staff and pharmacy technician, the facility's pharmacy failed to provide medications in a timely manner for 1 (Resident #1) of 3 sampled residents.</p> <p>The findings included:</p> <p>Resident #1 was last readmitted to the facility on 12/5/13 at 2:40 PM. Diagnoses included Parkinson's disease, hypertension, benign prostatic hypertrophy (BPH) and metastatic stage IV adenocarcinoma.</p> <p>Review of a facsimile transmittal confirmation sheet revealed the medication list for Resident #1 was faxed to the pharmacy on 12/5/13 at 8:12 PM. The medications included: Cardizem (an antihypertensive agent) 30 milligrams (mg) 2 tablets every 8 hours, carbidopa-levodopa (an anti-Parkinson's agent) 25-100 mg 2 tablets 4 times a day, megestrol acetate (an appetite stimulant) 400 mg daily, Flomax (to treat BPH) 0.4 mg daily and finasteride (to treat BPH) 5 mg daily.</p>	F 425	<p>Nurse #1 was suspended on 12/12/13 by the Director of Nursing, pending review of resident #1's physician orders and medication administration records for December 2013. Nurse #1 was terminated by the Director of Nursing on 12/16/13 for not following facility/pharmacy policy and procedure for obtaining medications ordered by the physician for resident #1 on 12/5/13. The nurse who worked 3-11 shift on 12/5/13 was suspended on 12/12/13 by the Director of Nursing, pending review of resident #1's physician orders and medication administration records for December 2013. The nurse who worked 3-11 shift on 12/5/13 was terminated on 12/16/13 by the Director of Nursing for not following facility/pharmacy policy and procedure for obtaining medications ordered by the physician for resident #1 on 12/5/13.</p> <p>The facility has determined that all residents have the potential to be affected, but currently after review of</p>		

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F 425	<p>Continued From page 6</p> <p>Review of the December Medication Administration Record (MAR) revealed the following medication doses were not administered as ordered due to not being available: (1) Cardizem: 12/5/13 at 10:00 PM, 12/6/13 at 8:00 AM, 1:00 PM, 8:00 PM and 12/7/13 at 8 AM and 1 PM; (2) carbidopa-levadopa 12/6/13 at 8:00 AM, 12:00 PM, 4:00 PM and 8:00 PM and 12/7/13 at 8:00 AM and 12:00 PM; (3) megestrol acetate 12/6/13 and 12/7/13 at 8:00 AM; (4) Flomax 12/6/13 at 5:00 PM and finasteride 12/6/13 at 5:00 PM.</p> <p>During an interview on 12/12/13 at 12:10 PM, Nurse #1 acknowledged she worked the day shift on 12/5/13 and 12/6/13. The nurse explained the 3-11 shift nurse on 12/5/13 would have been responsible for contacting the pharmacy to procure the ordered medications for Resident #1. Nurse #1 recalled that Resident #1's medications were not available on 12/6/13. The nurse said she believed the medications would come in sometime that evening since pharmacy made deliveries in the evenings during the week.</p> <p>The nurse who worked the 3-11 shift on 12/5/13 and 12/6/13 was not available for interview during the survey.</p> <p>During a telephone interview on 12/12/13 at 1:46 PM, the pharmacy technician indicated the initial request for Resident #1's medications was faxed to the pharmacy on 12/7/13 at 2:10 AM. During a follow-up interview on 12/12/13 at 3:44 PM, the pharmacy technician reviewed the actual faxes received on 12/5/13 and found the request for Resident #1's medications attached in error to a record for another patient. The pharmacy technician acknowledged the error resulted in</p>	F 425	<p>physician orders and medication administration records, by the administrative nurses, on 12/13/2013, there is no evidence of any deficient medication administration practice. All nurses and med aides have been in-serviced by the Staff Development Nurse/Pharmacy representative, on 12/20/2013, on facility/pharmacy policy and procedure for obtaining medications ordered by the physician. Any Nurse or med aide that has not been in-serviced as of 12/30/13, will not be allowed to report to duty until training is complete. The administrative nurses will review all new orders in the morning clinical meeting to ensure all medications are received and administered in a timely manner per facility/pharmacy policy and procedure using the Physician order report, available in the facilities electronic record software, and the pharmacy manifest sheets 5 x per week x 4 weeks, weekly x 4 weeks, monthly x 3 months, quarterly x 3 quarters, and as needed. The Regional Director of Accounts for the pharmacy, created a new audit process to audit incoming faxed orders on admissions/re-admissions, on 12/19/2013. The pharmacy order entry staff and order entry manager were educated by the Regional Director of Accounts for the pharmacy on the new audit process on 12/19/13. The audit process was started the afternoon of 12/19/13. The audit process includes auditing incoming faxes 2 x/day, morning and afternoon, 7 days per week, against a report that contains all</p>		

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F 425	Continued From page 7 medications not being sent to the facility. The pharmacy technician explained that if the facility wanted the medications on the evening of 12/5/13 a nurse would have needed to call the on-call pharmacist; otherwise, the medications would have been delivered on the evening of 12/6/13. The pharmacy technician indicated she could find no record of any calls from the facility to the on-call pharmacist from 12/5/13 - 12/7/13.	F 425	admissions/re-admissions to the facility. The report is generated by the pharmacy software that is interfaced with the facilities electronic software. This admission/re-admission report is sent to the order entry team and pharmacy staff automatically 2 x/day, 7 days per week, the order entry team compares the report with the faxes they have received. If no fax is found for an admission/re-admission, a member of the order entry team contacts the facility immediately. The order entry manager is responsible for ensuring the audits are completed 2x per day and will generate a weekly tracking report to the facility administrator. The facility administrator will present the results of the weekly tracking reports to the Quality Assurance Process Improvement team monthly x 3 months, quarterly x 3 quarters, and as needed. The plan and its outcomes will be reviewed by the Quality Assurance Process Improvement committee during the monthly Quality Assurance Process Improvement meeting. Any deviations of the plan will be examined using a Root Cause Analysis approach to the issue and amendments to the plan as needed. This review, outcomes, recommendations, and monitoring will be included in, the facility Quality Assurance Process Improvement meeting minutes, monthly x 3 months, quarterly x 3 quarters, and as needed. Any changes to the plan will be documented in the Quality Assurance Process Improvement meeting minutes, and appropriate staff re-in-serviced to		

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F 425	Continued From page 8	F 425	changes in the plan by administrative nurses. Any changes to the plan will require the monitoring of such changes to begin at the initial review schedule of 5 x per week x 4 weeks, weekly x 4 weeks, monthly x 3 months, quarterly x 3 quarters, and as needed.		