PRINTED: 09/22/2014 FORM APPROVED OMB NO. 0938-0391

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	345505	B. WING _			C / 08/2014
NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF CUMBERLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306	1 00/	00/2014
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
Each resident must provide the necessary or maintain the high mental, and psychological expensions.	EING receive and the facility must ary care and services to attain nest practicable physical, social well-being, in	F 30	09		9/22/14
by: Based on staff and record review, the f (Resident #334) respost-operative pain Resident #334 was 7/3/14 at 5:30 PM vosteoarthritis and sireplacement on 6/3 discharged home of therapy services. To dated 7/3/14 at 6:30 arrived at the facility and oriented to persent was able to vopain score of 8 out level of pain. The nisite noting a small at to the site. The area as ordered. A review of the hos dated 7/3/14 indicated Tyica (medication of 75 milligrams (mg) by	physician interviews and acility failed to medicate 1 of 1 sidents reviewed for . Findings included: admitted to the facility on with a diagnosis of tatus post partial right knee 0/14. Resident #334 was n 7/29/14 after receiving the nursing admission note of PM indicated Resident #334 of at 5:30 PM. She was alert son, place and time. Resident pice needs and expressed a of 10 with 10 being the highest curse assessed the surgical amount of light pink drainage at was cleaned and redressed pital discharge medication list teed the physician ordered used to treat nerve pain) by mouth every 8 hours for		have been affected by the defic practice Resident discharged on 07/29/2 Nurse #1 and Nurse #2 were conformation for failing to follow facility policy, for ordering, receiving, and administering, and administering medications. Nurse #1 and Nurse #2 were into on facility policy/procedure for or receiving, administering medicate pain management, including idea signs/symptoms and addressing Completion Date: 09/22/2014 How corrective action will be accomplished for those resident potential to be affected by the sideficient practice All new admissions, since 08/27	ient 2014 bunselled /procedure hinistering -serviced ordering, itions and entifying g pain. ts having ame	
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	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE 483.25 PROVIDE O HIGHEST WELL BI Each resident must provide the necessa or maintain the high mental, and psycho accordance with the and plan of care. This REQUIREMEN by: Based on staff and record review, the f (Resident #334) res post-operative pain Resident #334 was 7/3/14 at 5:30 PM v osteoarthritis and si replacement on 6/3 discharged home o therapy services. TI dated 7/3/14 at 6:36 arrived at the facility and oriented to pers #334 was able to vo pain score of 8 out level of pain. The no site noting a small at to the site. The area as ordered. A review of the hos dated 7/3/14 indicat Lyrica (medication to 75milligrams (mg) to pain, Oxycontin (op	AREAD CENTER OF CUMBERLAND SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on staff and physician interviews and record review, the facility failed to medicate 1 of 1 (Resident #334) residents reviewed for post-operative pain. Findings included: Resident #334 was admitted to the facility on 7/3/14 at 5:30 PM with a diagnosis of osteoarthritis and status post partial right knee replacement on 6/30/14. Resident #334 was discharged home on 7/29/14 after receiving therapy services. The nursing admission note dated 7/3/14 at 6:36 PM indicated Resident #334 arrived at the facility at 5:30 PM. She was alert and oriented to person, place and time. Resident #334 was able to voice needs and expressed a pain score of 8 out of 10 with 10 being the highest level of pain. The nurse assessed the surgical site noting a small amount of light pink drainage to the site. The area was cleaned and redressed as ordered. A review of the hospital discharge medication list dated 7/3/14 indicated the physician ordered Lyrica (medication used to treat nerve pain) 75milligrams (mg) by mouth every 8 hours for pain, Oxycontin (opioid pain medication) 40 mg	A BUILDIN 345505 B. WING _ SROVIDER OR SUPPLIER NA REHAB CENTER OF CUMBERLAND SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on staff and physician interviews and record review, the facility failed to medicate 1 of 1 (Resident #334) residents reviewed for post-operative pain. Findings included: Resident #334 was admitted to the facility on 7/3/14 at 5:30 PM with a diagnosis of osteoarthritis and status post partial right knee replacement on 6/30/14. Resident #334 was discharged home on 7/29/14 after receiving therapy services. 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WING SIREET ADDRESS, CITY, STATE, ZIP CODE 4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY) MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on staff and physician interviews and record review, the facility failed to medicate 1 of 1 (Resident #334) residents reviewed for post-operative pain. Findings included: Resident #334 was admitted to the facility on 7/3/14 at 5:30 PM with a diagnosis of osteoarthritis and status post partial right knee replacement on 6/30/14, Resident #334 was discharged home on 7/29/14 after receiving therapy services. The nursing admission note dated 7/3/14 at 6:38 PM indicated Resident #334 arrived at the facility at 5:30 PM. She was alert and oriented to person, place and time. Resident #334 was able to voice needs and expressed a pain score of 8 out of 10 with 10 being the highest level of pain. The nurse assessed the surgical site notting a small amount of light pink for dianage to the site. The area was cleaned and redressed as ordered. A review of the hospital discharge medication iist dated 7/3/14 indicated the physician ordered Lyrica (medication used to treat nerve pain) 75milligrans (mg) by mouth every 8 hours for pain, Oxycontin (opioid pain medication) 40 mg

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

Electronically Signed

09/17/2014

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:		. ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345505	B. WING		C 09/08/2014
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 309	(opioid pain medica pain score 1-3, 2 ta and 3 tablets for pathe hospital medica (MAR) dated 7/3/14 Lyrica, Oxycontin a prior to discharge. A review of facility the original prescriand Oxycodone we the facility for Residuality sphysician #334 was to have 0 10:00 PM, 6:00 AM mg by mouth at 10 Oxycodone 5 mg was pain based on the hospital used. The indicated a pain as shift. A review of the facility for Residual to the facility sphysician as shift. A review of the facility for Residual to the facility sphysician facility sphysician facility sphysician facility was did not received for the facility for the faci	arours for pain and Oxycodone ation) 5 mg tablets 1 tablet for ablets for pain score from 4-6, ain score 7-10. On review of ation administration record 4, Resident #334 received and Oxycodone at 1:43 PM records revealed evidence that ptions for the Lyrica, Oxycontinere provided by the hospital to dent #334 on 7/3/14. The corders indicated Resident Oxycontin 40mg by mouth at 1 and 2:00 PM and Lyrica 75:00 PM, 6:00 AM and 2:00 PM. Was ordered every 4 hours for same pain score system the eadmission orders also sessment to be done on each with 1 and 2:00 PM dose of Lyrica on 1334 also did not receive the Oxycontin on 7/4/14. A review of the orn doses of Oxycodone were at approximately 11:45 AM ons arrived from the pharmacy, she also received her nd Oxycontin. A review of the ain assessment was done on nift daily but five pain done on night shift during her	F 309	were given appropriately after adnand pain assessment completed, Director of Nursing, Staff Develop Coordinator and Unit Managers. Completion Date: 09/22/2014 All licensed nursing staff have beein-serviced on facility policy/proceordering, receiving, administering medications and pain management identifying signs/symptoms. All newly hired licensed nurses will in-service training on facility policy/procedure for ordering, receadministering medications, and pamanagement, including identifying signs/symptoms, at orientation. Completion Date: 09/22/2014 Directed in-service on medication administration provided to all licentursing staff. Completion Date: 9/22/2014 What measures will be put in place systemic changes made to ensure the deficient practice will not occur. Unit Managers and/or Director of will audit all new admission physic orders, pain management assession and interventions 5 times per wee weeks, bi-weekly times 4 weeks, the monthly times 1 month, to ensure compliance with facility policy/processor ordering, receiving, and adminimedications. Results of the audits will be review the Quality Assurance Risk Meeting and adminimedications. Results of the audits will be review the Quality Assurance Risk Meeting and adminimedications.	by the ment en dure for ent, Il receive eiving, ain grand e or e that r Nursing sian siments k for 4 then cedure eistering eved in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345505	B. WING				C 08/2014
	NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF CUMBERLAND SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306			
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F 309	A nursing note date part, "previous con 10/10 addressed with meds once arrived Oxycodone and Ox 1145. Pt did state swithdrawal pain being given. "This same the following, "the was unable to compain to right knee." indicated Resident rated at a 10 of 10 evaluations on 7/4/ In a telephone inter Nurse #1 stated in Resident #334's so pro Oxycodone at a pharmacy. Nurse #1 voicing pain on 7/4/ medications arriving #1 recalled offering she refused it statir medications to arriving #1 stated Resident indicators of pain be evaluations on 7/4/ In a telephone inter Nurse #2 stated shot recall on 7/3/14/ of post operative pasecond shift nurse medications that we that night but Nurse her 6:00 AM pain moxycontin) to give the state of the part of the pa	ed 7/4/14 at 2:02 PM read in implaint of right leg/knee pain ith scheduled and prn pain from pharmacy. Lyrica, eycontin given at approximately he was going through fore meds arrived and were enursing note also indicated rapy evaluations pending, pt plete PT eval d/t increased The nursing note further #334 was experiencing pain and she refused therapy	F 3		weekly times 4 weeks, bi-weekly ti weeks, and monthly times 1 month areas identified will be corrected immediately and licensed nursing be in-serviced to changes in the coplan. Completion Date: 09/22/2014 How the facility plans to monitor its performance to make sure the soli are sustained All results of the physician order at management audits will be review the Quality Assurance meeting motimes 3 months, then quarterly tim quarters, and as needed. Completion Date: 09/22/2014	n. Any staff will urrent s utions nd pain ed in onthly	

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		345505	B. WING			C 09/08/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306		09/06/2014
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F 309	that morning. Nurse often slept through wake her up to do a ln a telephone interfacility physician stacould have contact pharmacy for earlie emergency drug steexpressing pain. In an interview on Stated Resident #3 not receive her preson 7/3/14 at 10:00 The DON also prowent into the emergancy drug steexpressing pain. In an interview on Stated Resident #3 for provide documentar receiving the pain rule in an interview on Stated Resident #35:30 PM on 7/3/14 day. She stated she Resident #334 arous she had no complar room and actively rung offering Resident #she refused it. Nur complained of pain she gave her Oxyco Smg from the emer but she did not door the pain medication.	e #2 stated Resident #334 the night and she did not a pain assessment. Eview on 9/8/14 at 4:17 PM, the ated the facility pharmacist ed the emergency backup er delivery or used the bock if Resident #334 was E/8/14 at 4:45 PM, the DON 34 verified Resident #334 did scribed Lyrica and Oxycontin PM and at 6:00 AM on 7/4/14. Frided evidence that Nurse #3 gency drug stock on 7/3/14 at Expect of the evidence that Nurse #3 Expect of the evidence that Nurse #	F3	09		

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		345505	B. WING		C 09/08/2014
	PROVIDER OR SUPPLIER	OF CUMBERLAND	4	TREET ADDRESS, CITY, STATE, ZIP CODE 600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306	
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F 333 SS=D	as ordered post-op 483.25(m)(2) RESI SIGNIFICANT MED	ave gotten her pain medication eratively. DENTS FREE OF DERRORS USUAL ERRORS USUAL ERRORS Are free of	F 309 F 333		9/22/14
	This REQUIREMENT by: Based on staff and record review, the fire prescribed pain me #334) residents reviadministration. Find Resident #334 was 7/3/14 at 5:30 PM vosteoarthritis and sireplacement on 6/3 discharged home of therapy services. To dated 7/3/14 at 6:30 arrived at the facility and oriented to per #334 was able to vopain score of 8 out level of pain. The nite noting a small as	NT is not met as evidenced I physician interviews and acility failed to provide dications for 1 of 4 (Resident iewed for medication lings included: admitted to the facility on		How corrective action will be accomplished for those residents found have been affected by the deficient practice Resident discharged on 07/29/2014 Nurse #1 and Nurse #2 were counselled for failing to follow facility policy/proced for ordering, receiving, and administeric medications. Nurse #1 and Nurse #2 were in-service on facility policy/procedure for ordering receiving, and administering medication Completion Date: 09/12/2014 How corrective action will be accomplished for those residents having potential to be affected by the same	ed lure ng ed l, ns.
	as ordered. A review of the hos dated 7/3/14 indica Lyrica (medication 75milligrams (mg) I	pital discharge medication list ted the physician ordered used to treat nerve pain) by mouth every 8 hours for ioid pain medication) 40 mg		deficient practice All new admissions, since 08/27/2014, were audited to determine if medicatio were given appropriately after admission by the Director of Nursing, Staff Development Coordinator and Unit	ns

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CAROLII	CAROLINA REHAB CENTER OF CUMBERLAND			4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306		
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F 333		age 5 nours for pain and Oxycodone	F 333	B Managers.		
	(opioid pain medica pain score 1-3, 2 ta and 3 tablets for pa the hospital medica (MAR) dated 7/3/14 Lyrica, Oxycontin a prior to discharge.	ation) 5 mg tablets 1 tablet for ablets for pain score from 4-6, ain score 7-10. On review of ation administration record 4, Resident #334 received and Oxycodone at 1:43 PM		Completion Date: 09/16/2014 All licensed nursing staff have bee in-serviced on facility policy/proced ordering, receiving, and administe medications. All newly hired licensed nurses will in-service training on facility policy/procedure for ordering, received and administering medications at	dure for ring Il receive	
	A review of facility records revealed evidence that the original prescriptions for the Lyrica, Oxycontin and Oxycodone were provided by the hospital to the facility for Resident #334 on 7/3/14. The			orientation. Completion Date: 09/16/2014 Directed in-service on medication		
	#334 was to receiv 10:00 PM, 6:00 AM mg by mouth at 10 Oxycodone 5 mg w pain based on the s	orders specified Resident e Oxycontin 40mg by mouth at 1 and 2:00 PM and Lyrica 75 :00 PM, 6:00 AM and 2:00 PM. was ordered every 4 hours for same pain score system the		administration provided to all licen nursing staff. Completion Date: 9/22/2014		
	hospital used. A review of the facility's MAR revealed Resident #334 did not receive the 10:00 PM dose of Lyrica			What measures will be put in plac systemic changes made to ensure the deficient practice will not occur	e that	
	on 7/3/14 or the 6:0 7/4/14. Resident # 10:00 PM dose of 0 AM dose of 0 Oxycor MAR revealed no p given until 7/4/14 a when her medication It was at this time,	Althor the 6:00 AM dose of Lyrica on Althor the 6:00 AM dose of Lyrica on Althor the 6:00 AM dose of Lyrica on Althor the 6:00 AM dose of Oxycontin on 7/3/14 or the 6:00 AM dose of Oxycontin on 7/4/14. A review of the revealed no prn doses of Oxycodone were until 7/4/14 at approximately 11:45 AM her medications arrived from the pharmacy at this time, she also received her fulled Lyrica and Oxycontin.		Unit Managers and/or Director of I will audit all new admission physic orders 5 times per week for 4 wee bi-weekly times 4 weeks, then mo times 1 month, to ensure compliar facility policy/procedure for orderir receiving, and administering medinesults of the audits will be review the Quality Assurance Risk Meetir weekly times 4 weeks, bi-weekly to	cian seks, nthly nce with ng, cations. ved in	
	part, " previous cor 10/10 addressed w meds once arrived Oxycodone and Ox	ed 7/4/14 at 2:02 PM read in implaint of right leg/knee pain with scheduled and prn pain from pharmacy. Lyrica, sycontin given at approximately the was going through		weeks, and monthly times 1 month areas identified will be corrected immediately and licensed nursing be in-serviced to changes in the coplan. Completion Date: 09/16/2014	h. Any staff will	

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		345505	B. WING) 08/2014
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F 333	withdrawal pain be given." The nursing Resident #334 was 10 of 10 and she re 7/4/14 due to pain. In a telephone inter Nurse #1 stated in Resident #334's so prn Oxycodone at pharmacy. Nurse # voicing pain on 7/4 medications arrivin #1 recalled offering she refused it statin medications to arrivin #1 stated Resident indicators of pain be evaluations on 7/4/ In a telephone inter Nurse #2 stated shot recall on 7/3/14 of post operative posecond shift nurse medications that we that night but Nurse her 6:00 AM pain in Oxycontin) to give reporting this to the that morning. In an interview on 9 of nursing (DON) so original prescription when Resident #33 stated Resident #35:00 PM the day be seen as the property of the pain of the pain in the pain	fore meds arrived and were g note further indicated s experiencing pain rated at a efused therapy evaluations on	F 333	How the facility plans to monitor its performance to make sure the solution are sustained All results of the physician order at the reviewed in the Quality Assurar meeting monthly times 3 months, a quarterly times 3 quarters, and as needed. Completion Date: 09/16/2014	utions udits will nce	

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F 333	have contacted a bimedications faster verified Resident #3 prescribed Lyrica at 10:00 PM and at 6:10 In a telephone interfacility physician state could have contacted pharmacy for earlied emergency drug state expressing pain. In an interview on 9 stated she spoke with medications were put at best, they wo facility until the next new admission was physician orders and facility had everythind is admission. She contacted the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the fax at time the facility faxed pharmacy. The DON received the faxed pharmacy for the faxed pharmacy for the faxed pharmacy faxed p	ptions or the pharmacist would ack up pharmacy to get the than they did. The DON 334 did not receive her and Oxycontin on 7/3/14 at 200 AM on 7/4/14. View on 9/8/14 at 4:17 PM, the ated the facility pharmacist and the emergency backup on the ack if Resident #334 was //8/14 at 4:45 PM, the DON ith the pharmacist and the ack if Resident #334 was //8/14 at 4:45 PM, the DON ith the pharmacist and the ack if Resident #334 was //8/14 at 4:45 PM, the DON ith the pharmacist and the ack if Resident #334 was //8/14 at 4:45 PM, the DON ith the pharmacist and the ack if Resident #334 was //8/14 at 4:45 PM, the DON ith the pharmacist and the ack if Resident #334 was //8/14 at 4:45 PM, the DON ith the pharmacist and the ack if Resident #334 was //8/14 at 4:45 PM, the DON ith the pharmacist and the ack if Resident #334 is admission paperwork accepted she reviewed the accepted prior to the resident was the accepted as faxed on 7/3/14 at accould not verify if the facility that time or if that was the ed the prescriptions to the education of	F3	33			

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	NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF CUMBERLAND			STREET ADDRESS, CITY, STATE, 4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306	<u> </u>	0/08/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 333	day. She stated she Resident #334 arou she had no complair room and actively noffering Resident #3 she refused it. Nurscomplained of pain she gave her Oxyco 5mg from the emer but she did not door the pain medication. In an interview on 9 Administrator stated.	e did a quick assessment on and 6:00 PM and noted that ints of pain but was up in the noving about. She recalled 334 Tylenol at that time but se #3 stated Resident #334 toward the end of her shift so ontin 10mg and Oxycodone gency drug stock at 11:29 PM ument giving Resident #334 is. 1/8/14 at 5:15 PM the d she would have expected ave gotten her pain medication	F 3	33		