STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345505	A. BUILDING _____ B. WING _____	C 08/30/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA REHAB CENTER OF CUMBERLAND	4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306

(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 333 SS=E	483.45(f)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS 483.45(f) Medication Errors. The facility must ensure that its- (f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on the medical record reviews, staff interviews and physician interviews, the facility failed to obtain and administer IV (Intravenous) antibiotic medication as ordered for 1 of 1 sampled resident (Resident #1). Findings included: Resident #1 was admitted on 07/17/2017 with diagnosis of gram negative pneumonia, parapneumonic paroxysmal atrial fibrillation secondary to alcohol abuse and significant weakness. Review of the quarterly Minimum Data Set (MDS) assessment dated 08/14/2017 revealed the resident ' s cognition was moderately impaired. Review of the physician note dated 07/18/2017 stated the resident is "to actually continue with Ertapenem IV daily until August 7, 2017." Review of the discharge summary from hospital dated 07/17/2017 stated the resident "will continue on antibiotic therapy as recommended. Plan continue with Ertapenem (antibiotics medication) 1g (gram) IV (intravenously) daily for 4 weeks post - surgery with a stop date around 8/7/2017".	F 333	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 centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. F333 How the corrective action will be accomplished for the resident(s) affected. Resident #1 is no longer residing at the facility and was discharged home on 08/17. No other residents were affected by deficient practice. How corrective action will be accomplished for those residents with the potential to be affected by the same practice. All residents receiving IV	9/22/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/18/2017

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F 333	Continued From page 1 Review of physician order dated 07/17/2017 documented "Ertapenem sodium solution reconstituted 1 GM. Use 1000mg intravenously one time a day for infection until 08/07/2017". Second order written 07/23/2017 documented "Ertrapenem sodium solution reconstituted 1 GM. Use 1000mg intravenously one time a day for infection until 08/13/2017". Third order written 08/03/2017 documented "Ertapenem sodium solution reconstituted 1 GM. Use 1 gram intravenously one time a day for infection until 08/21/2017". Review of a physician note dated 07/22/2017 stated the resident "is 10 days post hospitalization for gram negative pneumonia and sepsis. There was a delay in getting his Ertapenem and so we delayed on the discharge date" Review of the August 2017 Medication Administration Record (MAR) for Resident #1 revealed that intravenous antibiotic was not given for 9 days following admission from 07/18/2017 through 07/26/2017. First dose of antibiotic at facililty given 08/27/2017. During the interview with Nurse #1 on 08/30/2017 at 11:50 AM, she stated that she recalled Resident #1 and there was an issue with pharmacy delivery of IV antibiotic. She also stated that she followed proper protocol by faxing a copy of the order to pharmacy when noted that it was not available. During interview with Nurse #2 on 08/30/2017	F 333	medications were audited to ensure availability of medication by the nurse consultant on August 30, 2017. No other delays in IV medication were identified at time of audit. All licensed nurses currently working in the facility were in-serviced by the Director of Nursing (DON) or Staff Development Coordinator (SDC), the in-service included the following; 1) Nurses to fax all new IV orders to the pharmacy at the time of order. 2) Follow-up call to pharmacy to ensure receipt of fax for medication. 3) If medication is not going to arrive prior to next administration time, nurses are to check on-site Omnicell to determine if medication is available in house stock. If unavailable they are to call pharmacy to have medication delivered STAT from back-up pharmacy locally. In-services are to be completed by September 15, 2017. Measures to be put in place or systemic changes made to ensure practice will not re-occur: During the orientation process, new nurses will be educated on the process for ordering IV medications and steps to ensure delivery/administration of medication without delay. Training will be conducted by the SDC or DON. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: The Director of Nursing, or her designee, will monitor through record review, weekly for 1 month, then every two weeks for 1 month, then monthly x2 to assure resident□s requiring IV medication	

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F 333	Continued From page 2 at 3:00pm, she stated that she recalled Resident #1 and there was a problem with the IV anti biotic not being available. She further stated that she recalled numerous calls to the pharmacy regarding the medication and being told that it would be delivered. Nurse #2 stated that she notified the physician and the unit manager, who was no longer at facility, about the medication not being delivered. During the interview with the Physician on 08/30/2017 at 3:15 PM, he stated that he was notified the medication had not been given after the fifth day of not being administered and that the pharmacy was going to deliver the medication. The Physician further stated that he was not notified of further missed doses. During the interview with Director of Nursing (DON) on 08/30/2017 at 4:00 PM, she stated that her expectation was for the nurse to notify the pharmacy of medication not available and for the emergency medication supply to be checked for availability by the nurse. If problems persisted, she expected to be informed by the nurse. During the interview with Administrator on 08/30/2017 at 4:15 PM, she stated that she would expect the emergency medication supply to be checked, the pharmacy notified of medication not being available, as well as notifying the DON or supervisor that medication not available.	F 333	are receiving medication in a timely manner and as ordered. Results of audit will be reviewed in weekly risk meetings and reported in quarterly QA meeting x 1.	