STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345481	A. BUILDING _____ B. WING _____	C 01/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLANDS NURSING & REHABILITATION CENTER	**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
E 000	Initial Comments An unannounced Recertification survey was conducted on 01/15/19 through 01/18/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #K2LM11.	E 000		
F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey. Event ID #K2LM11.	F 000		
F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review, observation and facility staff and resident interview, the facility failed to provide ongoing communication documentation with the hemodialysis center for 1 of 1 resident (Resident #8). The findings included: Resident #8 was re-admitted to the facility on 10/13/18 with diagnoses which included end stage renal disease with hemodialysis three times a week. Review of the most recent comprehensive Annual Minimum Data Set (MDS) dated 10/18/18 indicated Resident #8 was cognitively intact and	F 698	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. F698 Dialysis The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency	2/7/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/07/2019

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F 698	Continued From page 1 required limited assistance with all her activities of daily living. The MDS indicated the resident required hemodialysis three times a week for End Stage Renal Disease. Review of Resident #8's Care Plan, initiated 03/05/18 and revised on 09/25/18, revealed the resident had End Stage Renal Disease and was at risk for complications due to dialysis. The Care Plan interventions included arrangement of transportation to dialysis, communication with dialysis center for any adjustment in care or treatment plan, assessment of the resident upon return from dialysis treatments and to monitor dialysis site. An interview was conducted with Resident #8 on 01/18/19 at 9:20 AM. She stated she went to dialysis usually three times a week. She stated the facility gives her some papers to take but she does not know what the facility staff does with them after she returns from dialysis. An interview was conducted with Nurse #1 on 01/18/19 at 09:46 AM. Nurse #1 confirmed she was the nurse who worked with Resident #8 during the day shift. Nurse #1 indicated residents going to dialysis have a Communication Book to provide pre-dialysis and post-dialysis information. She explained Resident #8 would not take her Communication Book and would take only her communication sheets and sometimes Resident #8 would forget her sheets and not return them. A review of the Resident #8 Dialysis Communication Book revealed no on-going communication documentation from the hemodialysis center to the facility for 14 days of 18 days reviewed for the months of December	F 698	cited; The facility failed to provide ongoing communication documentation with the hemodialysis center for 1 of 1 resident (Resident #8). The procedure for implementing the acceptable plan of correction for the specific deficiency cited; On 1/15/2019 100% of all residents receiving dialysis services were audited by the Director of Nursing. Audit findings found identified concerns with additional documentation all concerns corrected on 1/15/2019 by the Director of Nursing. A dialysis communication book was implemented on all residents receiving services from a dialysis center, to provide ongoing communication documentation with the hemodialysis center. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements; The facility has implemented a new process for ongoing communication documentation with the hemodialysis center which includes the following: The transportation aide and nurse will be responsible for maintaining the dialysis communication book for each resident receiving dialysis services. A protocol was developed for ongoing communication and documentation for the licensed nursing staff and transportation aide for residents receiving dialysis services. Licensed nurses and transportation aides are being educated by the Director of Nursing and all education will be	

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F 698	Continued From page 2 2018 through January 18, 2019. There were 2 days of 18 days where Resident #8 refused to go to the hemodialysis center. An interview was conducted with the Facility Transporter o 01/18/19 at 10:30 AM. The Transporter revealed every dialysis resident has a Dialysis Communication Book. Each resident is given their indivdual Dialysis Communication Book to provide to the hemodialysis center on arrival. The resident returned the book back to the facility post treatment. She stated Resident #8 would refuse to take her Dialysis Communication Book and would take her individual sheets to the hemodialysis center. She explained she did not know if Resident #8 returned her sheets to the nursing staff. An interview was conducted with the Director of Nursing (DON) and the Administrator on 01/18/19 at 3:30 PM. The DON and the Administrator stated the facility expectation was for all dialysis residents to have an individual dialysis Communication Book. Their expectation was for the Transporter to provide the hemodialysis center the Communication Book to ensure communication of pre and post dialysis treatment. The expectation was for the Transporter to return each Communication Book back to the facility's nursing staff on the return of the resident to the facility.	F 698	completed by February 11, 2019. The Director of Nursing will monitor the dialysis communication documentation three times a week for four consecutive weeks then monthly times two consecutive months and then until no longer deemed necessary. The results of the monitoring will be brought to the monthly Quality Assurance Process Improvement meeting to review results with the interdisciplinary team; adjustments to education and monitoring will be based on those results. The monitoring tools will be located in the Director of Nursing office located within the facility The title of the person responsible for implementing the acceptable plan of correction; Administrator and /or Director of Nursing. Date of Compliance: 2/07/19	