PRINTED: 12/07/2017 FORM APPROVED **DEPARTMENT OF HEALTH AND HUMAN SERVICES** OMB NO. 0938-0391 **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 11/30/2011 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD **CUMBERLAND NURSING AND REHABILITATION CENTER FAYETTEVILLE, NC 28306** (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES DEC (X4) ID (EACH CORRECTIVE ACTION SHOULD BE Ĭ. PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) Cumberland Nursing & Rehabilitation 12-19-11 F 223 Center acknowledges receipt of 483.13(b), 483.13(b)(1)(i) FREE FROM F 223 ABUSE/INVOLUNTARY SECLUSION the statement of deficiencies and ŠS≃J proposes this plan of Correction to The resident has the right to be free from verbal, the extent that the summary of sexual, physical, and mental abuse, corporal findings is factually correct and punishment, and involuntary seclusion. in order to maintain Compliance The facility must not use verbal, mental, sexual, with applicable rules and or physical abuse, corporal punishment, or provisions of quality of care of involuntary seclusion. residents. The Plan of Correction is submitted as a written allegation This REQUIREMENT is not met as evidenced of compliance. Cumberland by: Nursing and Rehabilitation Based on resident interview, staff interviews and Center's response to the record review, the facility failed to prevent one (1) statement of deficiencles of one (1) sampled resident from being abused by a staff. The facility also failed to intervene does not denote agreement while witnessing 1 of 1 resident being abused. with the statement of The resident accused a staff member (NA #1) of deficienciesnor does it shoving, pulling hands and legs, wiping the constitutean admission that bottom roughly and removing the catheter. any deficiency isaccurate. (Resident # 93) further Cumberland Nursing Immediate Jeopardy began on 10/30/2011 and and Rehabilitation Center was identified on 11/29/2011 at 12:36 PM. reserves the right to Immediate Jeopardy was removed on refute any of deficiencies 11/30/2011 at 6:55 PM, when the facility provided on this statement through a credible allegation of compliance. The facility will remain out of compliance at a scope and informal dispute resolution, severity level of D (no actual harm with potential Formal appeal procedure and or for more than minimal harm that is not immediate any other administrative legal jeopardy) the facility was in the process of full implementation and monitoring their corrective proceedings. action. Findings include: (X6) DATE TITLE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Canolico Snown-baldu An. XNAX 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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: NJR911

Facility ID: 953074

RNILNHA

If continuation sheet Page 1 of 34

12-12-11

PRINTED: 12/1/12411 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 11/30/2011 B. WING 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD **CUMBERLAND NURSING AND REHABILITATION CENTER FAYETTÉVILLE, NC 28306** (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES Ю (EACH CORRECTIVE ACTION SHOULD BE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG 12-19-11 F223 F 223 Continued From page 1 F 223 Resident #93 was admitted to the facility on Redirected In-service 12/3/09 with diagnoses of Multiple Sclerosis (MS), Chronic Pain Syndrome, Spasm of Training covering Muscles, Hypertension, Retention of Urine and Resident Rights and Dysphagia. The current quarterly Minimum Data **Abuse Prevention** Set (MDS) dated 10/12/2011 documented the Conducetd by South resident had no short or long term memory Eastern Regional Mental problems and had no behavioral problems for the last 3 months. The MDS also documented the **Health Developmental** resident was completely dependent on staff for Disabilities and Substance all her Activities of Daily Living (ADLs). Abuse Authority's Geriatric Speciality Team mandatory During the interview on 11/14/2011 at 10:00 AM, Resident #93 stated that Nurse Assistant (NA) #1 for all staff. was rough with her about 2 weeks ago after requesting to be changed. Resident #93 reported Resident #93 assessed and she turned her call light on at around 10:30 PM interviewed upon needing to be changed as a result of a bowel notification of her movement. She reported that she overheard NA concern. 11-15-11 #1 telling Nurse # 1 that she was getting ready to leave so Resident # 93 would have to wait for the next shift (11:00 PM - 7:00 PM) to change Resident was interviewed her. Nurse #1 who works the second shift (3:00 by the Social Worker on PM-11:00 PM) told NA # 1 that she still had time to change her (Resident #93) because it was not 11-15-11. 11:00 PM yet. Resident #93 stated NA # 1 came to her room after talking to Nurse #1. The Resident re-interviewed resident further reported NA #1 "shoved" her, by the Social Worker pulled her legs and hands. The resident also on 11-16-11. stated NA#1 was rough when wiping her bottom

reinserted the catheter.

and caused the catheter to come out. Resident #93 further stated she was very upset about NA #1's behavior, she reported , the incident to Nurse #2 who was also a night shift nurse (11:00 PM-7:00 PM). The resident added Nurse # 2

During a telephone interview with Nurse #2 on

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During the interview on 11/15/2011 at 4:00 PM, Nurse #1 reported that NA #1 was known to have a bad attitude and there had been a lot of complains about NA#1. Nurse #1 reported that the night of 11/6/2011, she was getting ready to leave after working the second shift (3: 00 PM-11:00 PM). NA #1 came to her reporting that she

whether the catheter had come out and she

Nursing (ADON) the next morning.

discovered that it had come out with the balloon still inflated. She reinserted a new catheter back into Resident #93. She (Nurse #2) added she

reported the incident to the Assistant Director of

by Director of Nursing.

Administrator/Director of

Nursing re-in serviced on

reporting abuse neglect and prevention of abuse

neglect. 11-18-11 by

of Operations

Regional Vice President

PRINTED: 12/07/2011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING 11/30/2011 B. WING 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD **CUMBERLAND NURSING AND REHABILITATION CENTER FAYETTEVILLE, NC 28306** (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) TAG Re-training of Department Heads on Abuse/Neglect-F 223 F 223 Continued From page 3 prevention and reporting, did not have the time to change Resident #93 Elder Justice Act, and because the resident asked to be changed when it was almost towards the end of the shift. Resident Concern Process on Nurse#1 reported that she told NA #1 that it was . 11-18-11 by Facility Administrator. only 10:50 PM; she still had plenty of time to change the resident. Nurse #1 further reported Re-training of Administrative NA#1 slammed the nursing station door as she Nurses- Abuse/Neglectwent to Resident #93's room. prevention and reporting process. During a follow up interview with Resident #93 11-18-11 by Facility Administrator. on 11/15/2011 at 5: 25 PM, she stated that on the night of the incident, NA#1 was working with 2nd re-training of Administrative NA#2.Resident #93 stated that she turned on her call light at about 10:30 PM, and it was Nurses-Abuse/Neglectanswered at about 10:50 PM. Resident stated prevention and reporting that NA# 2 came to her room and made a process. Elder Justice Act, statement that "why did you wait until it was time Resident Concern Process, for the second shift staff to leave to put on your call light?" The resident added NA #2 made a 24/5 reporting process statement that she (Resident #93) would have to and to include new forms on walt for the next (third) shift to come in to change 11-18-11 by Facility Administrator. her. Resident # 93 added NA #2 went and told NA#1 that she (Resident #93) needed to be Retraining of all staff on Abuse/Neglectchanged. NA #1 went to Nurse # 1 who was the night shift (3: 00 PM- 11:00 PM) to complain that prevention and reporting process. she (Resident #93) needed to be changed but it (to include Nurses, Nurse's Aides, was almost end of the shift. Nurse #1 told NA # 1 Housekeeping, Dietary,

that it was not 11: 00 PM yet, and that she could

stated that NA #1 came into the room with NA# 2. She (Resident # 93) added NA#1 shoved her

scrubbing the floor. Resident # 93 stated she was

resident further stated NA #1 was chewing on a straw and did not say anything. She(Resident #93) added "I felt disgusted, my feelings were

still change her (Resident # 93). Resident # 93

over by pulling and pushing her legs, and was

wiping her bottom really rough as if she was

yelling in pain "Ouch! Ouch! Ouch!" The

Administrative Staff, Maintenance,

and Contracted Services) on

11-22-11 by Administrator,

Development Coordinator.

Director of Nurses, and Staff

PRINTED: 12/07/2011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 11/30/2011 B. WING 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD CUMBERLAND NURSING AND REHABILITATION CENTER FAYETTEVILLE, NC 28306 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) **DEFICIENCY**) TAG Interviewable residents were F 223 interviewed for potential F 223 Continued From page 4 resident concerns related to hurt. My pain was worse. I was not crying, I was saying Ouch! Ouch! To let them know they were potential abuse on 11-16-11 for hurting me. My catheter came out." The resident that resident and other reported that when Nurse # 2 came in on the interviewable residents on 11:00 PM-7: 00 PM shift, she found her upset that hall by Social Worker. and also found that the catheter had come out. Nurse # 2 reinserted a new catheter. The Activities Director assisted resident also added she would never allow NA #1 with completion of interviews and NA on 11-19-11. #2 to change her or give her any kind of care after the incident. During the interview with NA #1 on 11/15/2011 at Administrator/Director of 5:40 PM, she reported she went to change the **Nursing Services** resident on the night of 10/30/2011 and she did re-in serviced on Reporting Abuse not say anything to the resident. NA#1added & Neglect, Preventing Abuse & she just changed the resident and left the room. Neglect, Training all facility on During a follow up interview on 11/16/2011 at Reporting Abuse Neglect, and 10:30 AM, Nurse #2 reported that NA #1 came in Prevention of abuse and Neglect on about 10:45 PM and stated to her and Nurse # 1 11-18-11 by Regional Vice that Resident #93 wanted to be changed. Nurse #1 looked at her watch and stated to NA #1 that President of Operations. "it was not 11: 00 PM, go and change Resident

s catheter back.

#93." NA #1 went to Resident # 93's room and after she (NA # 1) left the resident's room, Resident #93 called her (Nurse # 2) and stated that she did not want NA # 1 to touch her again; NA # 1 was very rough with her by shoving her over. Resident # 93 further stated to Nurse #2 that NA#1 was rough when wiping her bottom and caused the catheter to come out. When she (Nurse # 2) looked under the resident 's bottom; it was true that the catheter was out. Nurse #2 stated that she was able to reinsert the resident'

During the interview with NA #2 on 11/16/2011 at

PRINTED: 12/07/2011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 11/30/2011 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD **CUMBERLAND NURSING AND REHABILITATION CENTER FAYETTEVILLE, NC 28306** (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (D (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX PREFIX DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC (DENTIFYING INFORMATION) TAG **DEFICIENCY**) Re-training of Department F 223 F 223 Continued From page 5 Heads on Abuse/Neglect-10:00 AM, she reported that she assisted NA #1 prevention and reporting, to change Resident #93. She added she did not Elder Justice Act, Resident recall Resident # 93 being upset. Concern Process on 11-18-11 The administrator was notified of the immediate by Administrator. jeopardy on 11/30/2011 at 9:15 AM. The facility provided an allegation of compliance on Re-training of Administrative 11/30/2011 at 6:55 PM. The allegation of Nurses- Abuse/Neglectcompliance indicated: prevention and reporting process. on11-18-11 by Administrator. What corrective action will be accomplished for those residents affected by the deficient 2nd re-training of Administrative practice? Nurses-Abuse/Neglect-Resident #93 assessed and interviewed upon prevention and reporting process notification of her concern. 11-15-11 Elder Justice Act, Resident Resident was interview by the Social Worker on Concern Process, 24/5 11-15-11. reporting process and to Resident re-interviewed by the Social Worker on include new forms on 11-18-11 11-16-11. 24 hour report initiated. 11-15-11 by the Director by Administrator. of Nursing. NA #1, and NA#2 were suspended from All new hires will be in-serviced, employment after urine screens obtained. during orientation, on abuse/neglect 11-15-11 by Director of Nursing. NA#1 with allegation of physical abuse reported and reporting by Staff by the facility to the Fayetteville Police **Development Coordinator or** Department, 11-15-11 by Facility Administrator. designee. 5 day report completed and NA#1, and NA#2

Director of Nursing.

President of Operations

Re-training of Department Heads on

were terminated from employment. 11-18-11 by

Administrator/Director of Nursing re-in serviced on reporting abuse neglect and prevention of abuse neglect. 11-18-11 by Regional Vice

Abuse/Neglect- prevention and reporting, Elder

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11/30/2011

(X3) DATE SURVEY COMPLETED

CENTERS FOR MEDICAR	RE & MEDICAID SERVICES	
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION
AND PLAN OF CORRECTION	IDEMILLOWING MOUNTER	A. BUILDING
	345376	B. WING
MANE OF PROMPER OF SUPPLIE	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

CUMBERI AND NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION ROAD

CUMBER	RLAND NURSING AND REHABILITATION CENTER		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 223	Continued From page 6 Justice Act, and Resident Concern Process. 11-18-11 by Facility Administrator. Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator. 2nd re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms. 11-18-11 by Facility Administrator. Retraining of all staff on Abuse/Neglect-prevention and reporting process. (to include Nurses, Nurse's Aides, Housekeeping, Dietary, Administrative Staff, Maintenance, and Contracted Services) 11-22-11 by Administrator, Director of Nurses, and Staff Development Coordinator. Interviewable residents were interviewed for potential resident concerns related to potential abuse. 11-16-11 for that resident and other interviewable residents on that hall by Social Worker. Activities Director assisted with completion of interviews on 11-19-11. What corrective action will be accomplished for those residents having potential to be affected by the same deficient practice? Administrator/Director of Nursing Services re-in serviced on Reporting Abuse & Neglect, Preventing Abuse & Neglect, Training all facility on Reporting Abuse Neglect, and Prevention of abuse and Neglect. 11-18-11 by Regional Vice President of Operations. Re-training of Department Heads on Abuse/Neglect-prevention and reporting. Elder Justice Act, Resident Concern Process. 11- 18-11 by Administrator.		Interviewable residents were interviewed for potential resident concerns- 11-16-11 for that resident and other interviewable residents on that hall on 11-19-11 all other residents in facility by Social Worker & Activities Director. Retraining of all staff on Abuse/ Neglect — prevention and reporting process. (to include Nurses, Nurse's Aides, Housekeeping, and Dietary. Administrative Staff, Maintenance, and Contracted Services) on 11-22-11 by Administrator, Director of Nursing Services, and Staff Development Coordinator. Monitor non-interviewable residents for changes that would deviate from their normal behavior; (done by using resident census-walking rounds tool) by Social Worker and Activities Director.

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practice will not occur:

What measures will be put into place or systemic

changes will be made to ensure that the deficient

Preventing Abuse & Neglect, Training all facility &

on Reporting Abuse Neglect, and Prevention of abuse and Neglect. 11-18-11 by Regional Vice

Administrator/Director of Nursing Services

re-inserviced on Reporting Abuse & Neglect,

24/5 reporting process to include

new forms. 11-18-11 by Facility

Department Head Meeting

Agenda will include the

administrator asking the

Administrator.

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11-22-11 by Administrator, Director of Nursing

Administrative Nurses to observe preservation of resident dignity, and absence of care giver burn out, abuse and neglect. (To include all three

Services, and Staff Development Coordinator)

Resident Care Audits will be done by

on 11-22-11 by Administrator,

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED TATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: ND PLAN OF CORRECTION A. BUILDING 11/30/2011 B. WING_ 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD CUMBERLAND NURSING AND REHABILITATION CENTER **FAYETTEVILLE, NC 28306** (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES ID CROSS-REFERENCED TO THE APPROPRIATE PREFIX (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG Director of Nursing Services, and Staff Development Coordinator) F 223 Continued From page 9 F 223 Resident Care Audits will be done by shifts, Nurse and Nurse Aides)-3 per week on Administrative Nurses to observe each shift x4 weeks- then weekly x3 months- and reviewed at the Quarterly QI meeting. preservation of resident dignity, Monitor non-interviewable residents for changes and absence of care giver burn that would deviate from their normal behavior; out, abuse and neglect. (To (done by using resident census-walking rounds tool) by Administrative Nursing staff or designee. include all three shifts, Nurse and Nurse Aides)-Monitoring: 3 per week on each shift x4 weeks- then weekly x3 months-Re-inservice on Abuse/Neglect prevention. and reviewed at the Quarterly 100% of staff in all departments(to include all 3 shifts Nurses, Nurse Aides, Housekeeping, OI meeting. Dietary, Maintenance, and Contract Employees) by Designated Administrative Staff. Will be done Monitor non-interviewable every two weeks x3, then monthly x3, then residents for changes that quarterly by Administrative Nursing Staff or would deviate from their designee. Resident interviews for potential concerns weekly normal behavior; (done by x4 weeks then monthly x3, then quarterly by using resident census-walking Social Worker or designee. Results will be rounds tool) by Administrative reviewed at the Quarterly QI Meeting. Nursing staff or designee. Random staff interviews (5 staff members) weekly x4 weeks, then monthly x3, then quarterly. Interviews will cover questions relating to recognition and reporting of abuse/neglect and " Burn Out " by Administrative Nursing Staff or designee. Results will be reviewed at the Quarterly QI Meeting. Daily monitoring of staff to observe for signs of burn-out/aggression utilizing a QI tool.(will include all three shifts, Nurses, Nurse 's Aides, Dietary, Housekeeping, Administrative Staff, Maintenance, and Contract Employees) by Administrative Nursing staff and or designee. Resident Care Audits will be done by Administrative Nurses to observe the preservation of resident dignity, and absence of

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PRINTED: 12/07/2011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING B. WING 11/30/2011 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD **CUMBERLAND NURSING AND REHABILITATION CENTER FAYETTEVILLE, NC 28306** PROVIDER'S PLAN OF CORRECTION COMPLETION Ю SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX TAG DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) Re-inservice on Abuse/Neglect F 223 Continued From page 10 F 223 prevention. 100% of staff in all care giver burn out, abuse and neglect. (To departments(to include all 3 include all three shifts, Nurses and Nurse Aides)shifts Nurses, Nurse Aides, 3 per week on each shift x4 weeks- then weekly Housekeeping, Dietary, x3 months- and reviewed at the Quartely QI Maintenance, and Contract meeting. Non-interviewable resident audit tool will be done Employees) by Designated by Administrative Staff or designee (all Administrative Staff, Will be non-interviewable resident weekly x4 weeks, done every two weeks x3, then monthly x3, then quarterly. Results reviewed at the Quarterly QI meeting. 11-30-11 then monthly x3, then quarterly by Administrative Compliance date: 11/30/2011 Nursing Staff or designee. All new hires will be in-serviced, during orientation, on abuse/neglect and reporting. Resident interviews for potential concerns weekly x4 weeks then On 11/30/2011 at 7:00 PM, verification of the monthly x3, then quarterly by credible allegation was evidenced by interviews Social Worker or designee. of direct care staff related to mandatory Results will be reviewed at reeducation on abuse, review of the new "Abuse the Quarterly QI Meeting. Prohibition Training "packet dated 11/22/2011, review of in-service rosters on reeducation of staff on abuse, review of disciplinary actions delivered to all staff involved in the incident on 10/30/2011, that included ADON, NA #1 and NA#2 being terminated from their job positions. All direct care staff reported they received reeducation on abuse, the importance of reporting and protecting the residents at the facility. F 225 483.13(c)(1)(ii)-(iii), (c)(2) - (4) F 225 INVESTIGATE/REPORT SS=J ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have

been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide

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taken.

by:

verified appropriate corrective action must be

This REQUIREMENT is not met as evidenced

Based on Resident interview, staff interview and review of facility records, the facility failed to

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO, 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: IND PLAN OF CORRECTION A. BUILDING 11/30/2011 B. WING_ 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD CUMBERLAND NURSING AND REHABILITATION CENTER **FAYETTEVILLE, NC 28306** (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE Ø SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PREFIX CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY TAG F 225 Resident Care Audits will be Continued From page 12 F 225 submit a twenty-four hour report and complete done by Administrative five day report to the state agency for one (1) of Nurses to observe the one (1) sampled resident who reported an preservation of resident allegation of rough handling by staff. (Resident dignity, and absence of care #93) giver burn out, abuse and Immediate Jeopardy began on 10/30/2011 and neglect. (To include all three was identified on 11/29/2011 at 12:36 PM. shifts, Nurses and Nurse Aides)-Immediate Jeopardy was removed on 3 per week on each shift x4 11/30/2011 at 6:55 PM, when the facility provided weeks-then weekly x3 monthsa credible allegation of compliance. The facility and reviewed at the Quartely QI will remain out of compliance at a scope and severity level of D (no actual harm with potential meeting. for more than minimal harm that is not immediate jeopardy) the facility was in the process of full implementation and monitoring their corrective Non-interviewable resident audit action. · tool will be done by Administrative Findings include: Staff or designee (all noninterviewable resident weekly x4 Resident #93 was admitted to the facility on weeks, then monthly x3, 12/3/09 with diagnoses of Multiple Sclerosis (MS), Chronic Pain Syndrome, Spasm of then quarterly results Muscles, Hypertension, Retention of Urine and reviewed at the Quarterly QI Dysphagia. The current quarterly Minimum Data meeting on 11-30-11. Set (MDS) dated 10/12/2011 documented the resident had no short or long term memory problems and had no behavioral problems for the last 3 months. The MDS also documented the resident was completely dependent on staff for all her Activities of Daily Living (ADLs). During the interview on 11/14/2011 at 10:00 AM, Resident #93 stated that Nurse Assistant (NA) #1 was rough with her about 2 weeks ago after requesting to be changed. Resident #93 reported she turned her call light on at around 10:30 PM needing to be changed as a result of a bowel

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILO	ILTIPLE CONSTRUCTION DING	(X3) DATE S COMPLE	
		345376	B. WING) <u></u>	11/3	0/2011
	ROVIDER OR SUPPLIER	ND REHABILITATION CENTER	8	STREET ADDRESS, CITY, STATE, ZIP C 2461 LEGION ROAD FAYETTEVILLE, NC 28306	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE 1E APPROPRIATE	COMPLETION DATE
F 225	#1 telling Nurse # leave so Resider next shift (11:00 Nurse # 1 who w PM-11:00 PM) to to change her (F 11:00 PM yet. Reto her room after resident further repulled her legs at stated NA#1 was and caused the case of the case	reported that she overheard NA 41 that she was getting ready to at #93 would have to wait for the PM - 7:00 PM) to change her. orks the second shift (3:00 ld NA # 1 that she still had time desident #93) because it was not esident #93 stated NA # 1 came talking to Nurse #1. The eported NA #1 "shoved" her, and hands. The resident also rough when wiping her bottom eatheter to come out. Resident d she was very upset about NA he reported, the incident to as also a night shift nurse (11:00 he resident added Nurse #2 theter. And told her she was he incident to Assistant Director N), who will come to speak with ident. The resident added the her member of the facility had not ith her about the incident by the	F 2:	Redirected in-service Training covering Resident Rights and Abuse Prevention Conducetd by South Eastern Regional Mental Health Developmental Disabilities and Substance Abuse Authority's Geriatric Speciality Team mandatory for all staff. Resident #93 assessed and Interviewed upon notification of her concern. 11-15-11 Resident re-interviewed by the Social Worker on 11-16-11. Resident was interviewed by the Social Worker on 11-15-11 by the Director of Nursing. NA #1, and NA#2 terminated from employment after urine screens obtained on 11-15-11 by Director of Nursing.		12-19-11

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TATEMENT OF	DEFICIENCIES
ND PLAN OF C	ORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

345376

B. WING __

A. BUILDING

11/30/2011

NAME OF PROVIDER OR SUPPLIER

CUMBERLAND NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION ROAD

FAYETTEVILLE, NC 28306

OUNDER	CAND HOROMO AND INCHABILITATION CENTER	F	AYETTEVILLE, 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)	COMPLETION DATE
F 225	Continued From page 14 abuse of a resident was to be reported to her and she was to start the investigation immediately by suspending the staff and then writing a 24 hours report, 5 days report then faxing the report to the state agency. During the interview with the Director of Nursing (DON) on 11/15/2011 at 9:00 AM, she stated no one had reported to her about Resident # 93 being handled roughly by NA #1. She (DON) further stated her expectation was for any allegation of abuse to be investigated immediately. She further added that usually the ADON was notified first about an allegation of abuse and the expectation was for the ADON to begin the investigation immediately. During a telephone interview with Nurse # 2 who works third shift (11:00 PM- 7:00 PM) on 11/15/2011 at 9:30 AM, she stated she came to work on the night of the incident at 10:40 PM. It was about 10:45 PM when she noticed Resident # 93's call light was on. She found out the resident needed to be changed. NA #1 was ready to leave after working her 3:00 PM- 11: 00 PM shift. She(NA#1) was asked by Nurse # 1 who was also at the nurse 's station to go and assist Resident # 93. NA #1 was upset when she was told by Nurse# 1 that she still had time to change Resident # 93. Nurse #2 further reported that she heard Resident # 93 calling for assistance yelling "Nurse! Nurse!" as soon as NA #1 had left the room. Nurse #2 stated she went to Resident # 93 's room to find out what she needed. Resident # 93 reported to her that NA # 1 was rough when wiping her bottom and had caused the catheter to come out. Resident #93 also reported that NA#1 "shoved" her,	F 225	NA #1 with allegation of physical abuse reported by the facility to the Fayetteville Police Department on 11-15-11 by Facility Administrator. 5 day report completed and NA#1, and NA#2 were terminated from employment on 11-18-11 by Director of Nursing. Administrator/Director of Nursing re-in serviced on reporting abuse neglect and prevention of abuse neglect. 11-18-11 by Regional Vice President of Operations Re-training of Department Heads on Abuse/Neglect-prevention and reporting, Elder Justice Act, and Resident Concern Process on .11-18-11 by Facility Administrator. Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator.	

PRINTED: 12/07/2011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED TATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: ND PLAN OF CORRECTION A. BUILDING B. WING_ 11/30/2011 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD CUMBERLAND NURSING AND REHABILITATION CENTER **FAYETTEVILLE, NC 28306** (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION ID SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG **DEFICIENCY**) 2nd re-training of Administrative F 225 Nurses- Abuse/Neglect-F 225 Continued From page 15 pulled her hands and legs. Nurse #2 further prevention and reporting stated she looked at the resident 's bottom to process. Elder Justice Act, see whether the catheter had come out. She Resident Concern Process, reinserted a new catheter back. She (Nurse #2) 24/5 reporting process added she reported the incident to the ADON the and to include new forms on next morning. 11-18-11 by Facility Administrator. The administrator was notified of the immediate jeopardy on 11/30/2011 at 9:15 AM. The facility Retraining of all staff on Abuse/Neglectprovided an allegation of compliance on prevention and reporting process. 11/30/2011 at 6:55 PM. The allegation of (to include Nurses, Nurse's Aides, compliance indicated: Housekeeping, Dietary, What corrective action will be accomplished for Administrative Staff, Maintenance, those residents affected by the deficient and Contracted Services) on practice? 11-22-11 by Administrator, Resident #93 assessed and interviewed upon Director of Nurses, and Staff notification of her concern. 11-15-11 Development Coordinator. Resident was interview by the Social Worker on 11-15-11. Interviewable residents were Resident re-interviewed by the Social Worker on interviewed for potential 11-16-11. 24 hour report initiated. 11-15-11 by the Director resident concerns related to of Nursing. potential abuse on 11-16-11 for NA #1, and NA#2 were suspended from that resident and other employment after urine screens obtained. interviewable residents on 11-15-11 by Director of Nursing. NA #1 with allegation of physical abuse reported that hall by Social Worker.

Director of Nursing.

President of Operations

by the facility to the Fayetteville Police

Department. 11-15-11 by Facility Administrator.

Administrator/Director of Nursing re-in serviced

on reporting abuse neglect and prevention of

abuse neglect. 11-18-11 by Regional Vice

5 day report completed and NA#1, and NA#2 were terminated from employment. 11-18-11 by

on 11-19-11.

Nursing Services

Activities Director assisted

Administrator/Director of

with completion of interviews

re-in serviced on Reporting Abuse

& Neglect, Preventing Abuse &

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES

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	S FOR MEDICARE OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
ND PLAN O	FORRECTION	IDENTIFICATION NUMBER:	A. BUI	ILDI	ING		
		345376	B. WI	NG.		11/3	0/2011
	ROVIDER OR SUPPLIER		<u> </u>		TREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION ROAD		
COMBER	LAND NURSING AN	D REHABILITATION CENTER			FAYETTEVILLE, NC 28306		(35)
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					Neglect, Training all facility on		
F 225	Continued From p	age 16	F	22	Lighting was made		
	Re-training of Dep	artment Heads on			Prevention of abuse and Negle	ct on	
	Abuse/Neglect- pr	evention and reporting, Elder			11-18-11 by Regional Vice		
:		esident Concern Process.			President of Operations.		
	11-18-11 by Facili	ny Administrator. Ministrative Nurses-					
	Abuse/Nealect-pre	evention and reporting process.			Re-training of Department		
	11-18-11 by Facility Administrator.				Heads on Abuse/Neglect-		
1,	2nd re-training of	Administrative Nurses-			prevention and reporting,		
	Abuse/Neglect-prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms.				Elder Justice Act, Resident		
					Concern Process on 11-18-11		
	24/5 reporting pro 11-18-11 by Facili	ocess and to include new forms.					
	Retraining of all s				by Administrator.	:	
	Abuse/Neglect-pr	evention and reporting process.			a designative	:	
	(to include Nurses	s, Nurse ' s Aides,			Re-training of Administrative	ţ	ļ
	Housekeeping, Di	letary, Administrative Staff,			Nurses- Abuse/Neglect-		
	Maintenance, and	Contracted Services) 11-22-11			prevention and reporting pro-	ess. –	
		Director of Nurses, and Staff			on11-18-11 by Administrator.	· ·	
	Development Cod	dents were interviewed for					
	notential resident	concerns related to potential	1		2nd re-training of Administra	tive	
	abuse. 11-16-11	for that resident and other			Nurses- Abuse/Neglect-	!	
	interviewable resi	dents on that hall by Social			prevention and reporting pro	cess	ļ
	Worker. Activitie	s Director assisted with			Elder Justice Act, Resident		
	completion of inte	erviews on 11-19-11.			Concern Process, 24/5		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	when will be accomplished for			reporting process and to		
	what corrective a	action will be accomplished for aving potential to be affected by			include new forms on 11-18	-11	
	the same deficien	nt practice?			by Administrator.		
	ato carrio donoto	is becomes and			by Administrator.	•	
	Administrator/Director of Nursing Services re-in				All new hires will be in-service	ed.	
	serviced on Repo	orting Abuse & Neglect,			All new nires will be in-service	/neglect	
	Preventing Abus	e & Neglect, Training all facility			during orientation, on abuse	AtteBiooc	
	on Reporting Abi	use Neglect, and Prevention of			and reporting by Staff	_	ļ
		ct. 11-18-11 by Regional Vice	1		Development Coordinator of	r	
	President of Ope	rations. of Department Heads on			designee.		
	Abuse/Nodest	or Department Heads on prevention and reporting. Elder					
	Vonget (468)606	Veterriou sur reborning, mon	1		<u></u>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A BUILDING

345376

PRINTED: 12/0/12011 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY COMPLETED 11/30/2011 B. WING_

NAME OF PROVIDER OR SUPPLIER

CUMBERLAND NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION ROAD

The second of th]	2461 LEGI		
CUMBERLAND NURSING AND REHABILITATION CENTER		FAYETTE	VILLE, NC 28306	(75)
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(E	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE OSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F 225 Continued From page 17 Justice Act, Resident Concern Process. 11-18-11 by Administrator. Re-training of Administrative Nurses-Abuse/Neglect-prevention and reporting process. 2nd re-training of Administrative Nurses-Abuse/Neglect-prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new form 11-18-11 by Administrator. All new hires will be in-serviced, during orientation, on abuse/neglect and reporting by Staff Development Coordinator or designee. Interviewable residents were interviewed for potential resident concerns- 11-16-11 for that resident and other interviewable residents on thall. On 11-19-11 all other residents in facility that Social Worker & Activities Director. Retraining of all staff on Abuse/Neglect prevention and reporting process. (to include Nurses, Nurse 's Aides, Housekeeping, and Dietary. Administrative Staff, Maintenance, and Contracted Services) 11-22-11 by Administrator Director of Nursing Services, and Staff Development Coordinator. Monitor non-interviewable residents for chang that would deviate from their normal behavior done by using resident census-walking rounds tool) by Social Worker and Activities Director. What measures will be put into place or system changes will be made to ensure that the deficit practice will not occur: Administrator/Director of Nursing Services re-inserviced on Reporting Abuse & Neglect, Preventing Abuse & Neglect, Training all facility.	d or, es	Intercond residereside all or Social Returns and Market Admin December 2011 Admin 1912 A	viewable residents were rviewed for potential resident cerns- 11-16-11 for that dent and other interviewable dents on that hall on 11-19-11 ther residents in facility by al Worker & Activities Director. raining of all staff on Abuse/ glect — prevention and reporting ocess. (to include Nurses, rse's Aldes, Housekeeping, d Dietary. Administrative Staff, dintenance, and Contracted vices) on 11-22-11 by ministrator, Director of ursing Services, and Staff evelopment Coordinator. onitor non-interviewable asidents for changes that ould deviate from their ormal behavior; (done by sing resident census-walking ounds tool) by Social Worker and Activities Director.	n sheet Page 18 of 3

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TATEMENT OF DEFICIENCIES
ND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

345376

B. WING ___

11/30/2011

NAME OF PROVIDER OR SUPPLIER

CUMBERLAND NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION ROAD

FAYETTEVILLE, NC 28306

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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
on Reporting Abuse Neglect, and Prevention of abuse and Neglect. 11-18-11 by Regional Vice President of Operations. Re-training of Department Heads on Abuse/Neglect- prevention and reporting, Elder Justice Act, Resident Concern Process. 11-18-11 by Facility Administrator. Re-training of Administrative Nurses-Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator. 2nd re-training of Administrative Nurses-Abuse/Neglect-prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process to include new forms. 11-18-11 by Facility Administrator. Department Head Meeting Agenda will include the administrator asking the department heads: "Has anyone made you aware of any reports of abuse/neglect?" All new hires will be in-serviced, during orientation, on abuse/neglect and reporting by Staff Development Coordinator or Designee. All staff, including new hires, will be in-serviced on recognizing "Burn Out" and signs of aggression, seeking assistance, and reporting to supervisor any co-workers who may be showing signs of "Burn Out" by Staff Development Coordinator or designee. Re-Training on Abuse/Neglect- prevention and reporting process. (to include Nurses, Nurse's Aides, Housekeeping, Dietary, Administrative Staff, Maintenance, and Contracted Services) 11-22-11 by Administrator, Director of Nursing Services, and Staff Development Coordinator) Resident Care Audits will be done by Administrative Nurses to observe preservation	F 225	Administrator/Director of Nursing Services re-inserviced on Reporting Abuse & Neglect, Preventing Abuse & Neglect, Training all facility & on Reporting Abuse Neglect, and Prevention of abuse and Neglect on 11-18-11 by Regional Vice President of Operations. Re-training of Department Heads on Abuse/Neglect- prevention and reporting, Elder Justice Act, Resident Concern Process on 11-18-11 by Facility Administrator. Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator. 2nd re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process to include new forms. 11-18-11 by Facility Administrator. Department Head Meeting Agenda will include the administrator asking the	heat Page 1

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES				PRINTED: 1 FORM A OMB NO. 0	PPROVEU
STATEMENT	S FOR MEDICARE OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345376	B. WIN	G		11/30	/2011
	ROVIDER OR SUPPLIER	D REHABILITATION CENTER		24	EET ADDRESS, CITY, STATE, ZIP CODE 61 LEGION ROAD AYETTEVILLE, NC 28306		
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F 225	burn out, abuse an shifts, Nurse and Neach shift x4 week reviewed at the Queen Monitor non-intervithat would deviate (done by using restool) by Administrationing:	age 19 and absence of care giver id neglect. (To include all three flurse Aides)-3 per week on s- then weekly x3 months- and rarterly QI meeting. lewable residents for changes from their normal behavior; ident census-walking rounds ative Nursing staff or designee.	F2	225	department heads: "Has anyone made you aware of any reports of abuse/neglect?" All new hires will be in-serviced, during orientation, on abuse/neglect and reporting by Staff Development Coordinator or designee by Staff Development Coordinator or Designee. All staff, including new hires,	i	
	Re-inservice on A	dusenvegiect prevention. I departments(to include all 3			will be in-serviced on recognizing	i	

shifts Nurses, Nurse Aides, Housekeeping, Dietary, Maintenance, and Contract Employees) by Designated Administrative Staff. Will be done every two weeks x3, then monthly x3, then quarterly by Administrative Nursing Staff or

designee. Resident interviews for potential concerns weekly

x4 weeks then monthly x3, then quarterly by Social Worker or designee. Results will be reviewed at the Quarterly QI Meeting. Random staff interviews (5 staff members) weekly x4 weeks, then monthly x3, then quarterly. Interviews will cover questions relating to recognition and reporting of abuse/neglect and "Burn Out" by Administrative Nursing Staff or designee. Results will be reviewed at the Quarterly QI Meeting. Daily monitoring of staff to observe for signs of burn-out/aggression utilizing a QI tool.(will include all three shifts, Nurses, Nurse's Aides, Dietary, Housekeeping, Administrative Staff, Maintenance, and Contract Employees) by Administrative Nursing staff and or designee. Resident Care Audits will be done by

"Burn Out" and signs of aggression, seeking assistance, and reporting

to supervisor any co-workers who may be showing signs of "Burn Out" by Staff Development Coordinator or designee.

Re-Training on Abuse/Neglect-

prevention and reporting process. (to include Nurses, Nurse's Aldes, Housekeeping, Dietary, Administrative Staff, Maintenance, and **Contracted Services)** on 11-22-11 by Administrator, **Director of Nursing Services,** and Staff Development Coordinator) Resident Care Audits will be done by Administrative Nurses to observe preservation of resident dignity,

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	S FOR MEDICARE OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE SUR' COMPLETE	VEY D
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A BUILDING		00	
		345376	B. WING		11/30/	2011
		343370	STREE	ET ADDRESS, CITY, STATE, ZIP CODE		
	OVIDER OR SUPPLIER		246	1 LEGION ROAD		
CUMBERI	AND NURSING AN	D REHABILITATION CENTER	FA	YETTEVILLE, NC 28306		
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F 225	Continued From particles and problem and p	ses to observe the sident dignity, and absence of t, abuse and neglect. (To nifts, Nurses and Nurse Aides)-th shift x4 weeks- then weekly viewed at the Quartely QI resident audit tool will be done Staff or designee (all resident weekly x4 weeks, hen quarterly. Results uarterly QI meeting. 11-30-11 11/30/2011 to in-serviced, during use/neglect and reporting. 7:00 PM, verification of the news evidenced by interviews frelated to mandatory ouse, review of the new "Abuse ong" packet dated 11/22/2011, the rosters on reeducation of the eview of disciplinary actions aff involved in the incident on included ADON, NA #1 and inated from their job positions. If reported they received buse, the importance of otecting the residents at the LOP/IMPLMENT CT, ETC POLICIES	F 225	and absence of care giver burn out, abuse and neglect. (To include all three shifts, Nurse and Nurse Aides)- 3 per week on each shift x4 weeks- then weekly x3 months- and reviewed at the Quarterly QI meeting. Monitor non-interviewable residents for changes that would deviate from their normal behavior; (done by using resident census-walking rounds tool) by Administrative Nursing staff or designee. Re-inservice on Abuse/Neglect prevention. 100% of staff in all departments(to include all 3 shifts Nurses, Nurse Aides, Housekeeping, Dietary, Maintenance, and Contract Employees) by Designated Administrative Staff. Will be done every two weeks x3, then monthly x3, then quarterly by Administrative Nursing Staff or designee. Resident interviews for potent concerns weekly x4 weeks the monthly x3, then quarterly by	ial n	
	policies and prod mistreatment, ne	develop and implement written bedures that prohibit leglect, and abuse of residents ation of resident property.		Social Worker or designee. Results will be reviewed at the Quarterly QI Meeting.		ant Rage, 21

PRINTED: 12/07/2011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING B. WING 11/30/2011 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD CUMBERLAND NURSING AND REHABILITATION CENTER **FAYETTEVILLE, NC 28306** PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE PRĖFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG DEFICIENCY) Random staff Interviews F 226 (5 staff members) weekly x4 F 226 Continued From page 21 weeks, then monthly x3, then quarterly. Interviews will This REQUIREMENT is not met as evidenced cover questions relating to by: recognition and reporting Based on resident interview, staff interviews of abuse/neglect and "Burn and facility policy review, the facility failed to implement their policies and procedures to Out" by Administrative identify, protect, investigate, and report Nursing Staff or designee. allegations of rough handling by staff for one (1 Results will be reviewed of one (1) sampled resident. (Resident #93) at the Quarterly QI Meeting. Immediate Jeopardy began on 10/30/2011 and Dally monitoring of staff was identified on 11/29/2011 at 12:36 PM. to observe for signs of burnimmediate Jeopardy was removed on out/aggression utilizing a Qi 11/30/2011 at 6:55 PM, when the facility provided tool.(will include all three shifts, a credible allegation of compliance. The facility Nurses, Nurse's Aldes, Dietary, will remain out of compliance at a scope and severity level of D (no actual harm with potential Housekeeping, Administrative for more than minimal harm that is not immediate Staff, Maintenance, and leopardy) the facility was in the process of full Contract Employees) by Implementation and monitoring their corrective Administrative Nursing staff action. and or designee. Resident Care Audits will be Findings include: done by Administrative Facility policy titled "ABUSE, NEGLECT, OR Nurses to observe the MISAPPROPRIATION OF RESIDENT preservation of resident PROPERTY POLICY "dated 2/2009 documented dignity, and absence of care staff would be trained about the abuse policies

program includes:

during orientation and retraining programs for

Training would include how staff report their

knowledge related to allegation without fear of

reprisal, what constitutes abuse, neglect, and

policy also documented that abuse prevention

1-Investigation of all incidents, complaints and

misappropriation of resident property. The facility

employees will be conducted on a regular basis.

meeting.

giver burn out, abuse and

neglect. (To include all three

3 per week on each shift x4

shifts, Nurses and Nurse Aldes)-

weeks- then weekly x3 months-

and reviewed at the Quartely QI

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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		345376	B. WIN	(G		11/30/	2011
	ROVIDER OR SUPPLIER LLAND NURSING AN	D REHABILITATION CENTER		24	EET ADDRESS, CITY, STATE, ZIP CODE 161 LEGION ROAD AYETTEVILLE, NC 28306		
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F 226	- • • • • • • • • • • • • • • • • • • •	7	F	226	Non-interviewable resident audit tool will be done by Administrati		12-19-11
	3- Reporting and r investigation. Resident #93 was 12/3/09 with diagr (MS), Chronic Pai Muscles, Hyperter Dysphagia. The consider (MDS) dated resident had no sl problems and had last 3 months. The	sidents during investigation, esponding to the outcome of admitted to the facility on loses of Multiple Sclerosis in Syndrome, Spasm of insion, Retention of Urine and invert quarterly Minimum Data 10/12/2011 documented the nort or long term memory in o behavioral problems for the eMDS also documented the pletely dependent on staff for f Daily Living (ADLs).		•	Staff or designee (all non- interviewable resident weekly x4 weeks, then monthly x3, then quarterly results reviewed at the Quarterly QI meeting on 11-30-11. F 226 Redirected In-service Training covering Resident Rights and Abuse Prevention Conducetd by South Eastern Regional Mental		12-19-
	Resident #93 state was rough with he requesting to be connected her can needing to be characteristics.	ew on 11/14/2011 at 10:00 AM, ed that Nurse Assistant (NA) #1 er about 2 weeks ago after changed. Resident #93 reported Il light on at around 10:30 PM anged as a result of a bowel eported that she overheard NA that she was getting ready to			Health Developmental Disabilities and Substance Abuse Authority's Geriatric Speciality Team mandatory for all staff. Resident #93 assessed and		

leave so Resident #93 would have to wait for

the next shift (11:00 PM - 7:00 PM) to change her. Nurse # 1 who works the second shift (3:00

PM-11:00 PM) told NA # 1 that she still had time to change her (Resident #93) because it was not

11:00 PM yet. Resident #93 stated NA #1 came

resident further reported NA#1 "shoved" her,

stated NA#1 was rough when wiping her bottom

and caused the catheter to come out. Resident

#93 further stated she was very upset about NA #1's behavior, she reported, the incident to

pulled her legs and hands. The resident also

to her room after talking to Nurse #1. The

interviewed upon

notification of her

concern. 11-15-11 Resident was Interviewed

11-15-11.

on 11-16-11.

by the Social Worker on

Resident re-interviewed

by the Social Worker

24 hour report initiated

on. 11-15-11 by the

Director of Nursing.

PRINTED: IZIVITED FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA ITATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING UND PLAN OF CORRECTION 11/30/2011 B. WING 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD CUMBERLAND NURSING AND REHABILITATION CENTER FAYETTEVILLE, NC 28306 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE {D SUMMARY STATEMENT OF DEFICIENCIES CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PRĖFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG NA #1, and NA#2 F 226 terminated from Continued From page 23 F 226 Nurse #2 who was also a night shift nurse (11:00 employment after PM-7:00 PM). The resident added Nurse #2 urine screens obtained reinserted the catheter and told her she was on 11-15-11 by Director of going to report the incident to Assistant Director of Nursing (ADON), who will come to speak with Nursing. NA #1 with allegation of her about the incident. The resident added the physical abuse reported ADON or any other member of the facility had not come to speak with her about the incident by the by the facility to the time of this interview. **Fayetteville Police** Department on 11-15-11 During the interview with ADON on 11/15/2011 at by Facility Administrator. 8:55 ĂM, she was asked whether it had been 5 day report completed and reported to her about Resident # 93 being handled roughly by NA #1. ADON stated, "I NA#1, and NA#2 were heard something about verbal confrontation terminated from between Resident # 93 and NA # 1. I don't employment on 11-18-11 remember the specifics. I thought Nurse #2 who works night shift (11: 00 PM- 7:00 PM) had done by Director of Nursing. Administrator/Director of something about it." The ADON added "I just thought it was hearsay." The ADON was asked Nursing re-in serviced on about the facility's policy on investigation of reporting abuse neglect allegation of abuse of the residents' at the and prevention of abuse facility. The ADON reported that any allegation of abuse of a resident was to be reported to her and neglect. 11-18-11 by she was to start the investigation immediately by Regional Vice President suspending the staff and then writing a 24 hours of Operations report, 5 days report then faxing the report to the Re-training of Department state agency. Heads on Abuse/Neglectprevention and reporting, During the interview with the Director of Nursing (DON) on 11/15/2011 at 9:00 AM, she stated no Elder Justice Act, and one had reported to her about Resident #93 **Resident Concern Process on** being handled roughly by NA #1. She (DON) . 11-18-11 by Facility Administrator. further stated her expectation was for any allegation of abuse to be investigated immediately. She further added that usually the

ADON was notified first about an allegation of abuse and the expectation was for the ADON to

PRINTED: 12/07/2011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 11/30/2011 B. WING 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD CUMBERLAND NURSING AND REHABILITATION CENTER **FAYETTEVILLE, NC 28306** (X6) COMPLETION PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES DATE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG Re-training of Administrative F 226 Nurses- Abuse/Neglect-Continued From page 24 F 226 prevention and reporting process. begin the investigation immediately. 11-18-11 by Facility Administrator. During a telephone interview with Nurse #2 who 2nd re-training of Administrative works third shift (11:00 PM- 7:00 PM) on Nurses- Abuse/Neglect-11/15/2011 at 9:30 AM, she stated she came to prevention and reporting work on 10/30/2011 at 10:40 PM. It was about process. Elder Justice Act, 10:45 PM when she noticed Resident #93's call light was on. She found out the resident needed Resident Concern Process, to be changed. NA #1 was ready to leave after 24/5 reporting process working her 3:00 PM- 11: 00 PM shift. and to include new forms on She(NA#1) was asked by Nurse # 1 who was 11-18-11 by Facility Administrator. also at the nurse's station to go and assist Retraining of all staff on Abuse/Neglect-Resident #93. NA #1 was upset when she was prevention and reporting process. told by Nurse #1 that she still had time to change Resident (to include Nurses, Nurse's Aldes, #93. Nurse #2 further reported that she heard Housekeeping, Dietary, Resident #93 calling for assistance velling Administrative Staff, Maintenance, "Nursel Nursel" as soon as NA # 1 had left the room. Nurse # 2 stated she went to Resident # and Contracted Services) on 93"s room to find out what she needed. Resident 11-22-11 by Administrator, #93 reported to her that NA #1 was rough when Director of Nurses, and Staff wiping her bottom and had caused the catheter Development Coordinator. to come out. Resident #93 also reported that Interviewable residents were NA#1 "shoved" her, pulled her hands and legs. Nurse #2 further stated she looked at the interviewed for potential resident's bottom to see whether the catheter had resident concerns related to come out with the balloon still inflated. She potential abuse on 11-16-11 for reinserted a new catheter back. She (Nurse #2) added she reported the incident to the ADON the that resident and other Interviewable residents on next morning. that hall by Social Worker. During a follow up interview with Resident #93 on **Activities Director assisted** 11/15/2011 at 5: 25 PM, she stated that on the with completion of interviews night of the incident, NA #1 was working with NA #2 Resident #93 stated that she turned on her on 11-19-11. call light at about 10:30 PM, and it was

answered at about 10:50 PM. Resident stated that NA #2 came to her room and made a

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES				PRINTED: 1 FORM A OMB NO. 0	PPROVED
CENTER	S FOR MEDICARE	& MEDICAID SERVICES				(X3) DATE SUF	
STATEMENT	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		LE CONSTRUCTION	COMPLETED	
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	ROVIDER OR SUPPLIER	D REHABILITATION CENTER		24	EET ADDRESS, CITY, STATE, ZIP CODE 161 LEGION ROAD AYETTEVILLE, NC 28306		
OO!!!DE!!						CHON	(X5)
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					Administrator/Director of		,
F 226	Continued From p	ngo 26	F	226	Nursing Services		
F 220		hy did you wait until it was time	·		re-in serviced on Reporting Abuse		
	for the second shi	It staff to leave to put on your			& Neglect, Preventing Abuse &		
	call light? " The re	esident added NA#2 made a			Neglect, Training all facility on		
	statement that she	e (Resident #93) would have to		;	Reporting Abuse Neglect, and		
	wait for the next (t	hird) shift to come in to change			Prevention of abuse and Neglect	on	
	her. Resident #93	added NA #2 went and told NA			11-18-11 by Regional Vice		
	changed NA #1 v	lent #93) needed to be vent to Nurse # 1 who was the			President of Operations.		
	night shift (3: 00 F	M- 11:00 PM) to complain that			Re-training of Department	•	
	she (Resident #93	needed to be changed but it			Heads on Abuse/Neglect-		
ſ	was almost end o	f the shift. Nurse #1 told NA # 1			prevention and reporting,		
	that it was not 11:	00 PM yet, and that she could			Elder Justice Act, Resident		
	still change her (F #93). Resident #	93 stated that NA #1 came into			Concern Process on 11-18-11		

#93). Resident #93 stated that NA #1 came into the room with NA #2. She (Resident #93) added NA#1 shoved her over by pulling and pushing her legs, and was wiping her bottom really rough as if she was scrubbing the floor. Resident # 93 stated she was yelling in pain "Ouch! Ouch!" The resident further stated NA #1 was chewing on a straw and did not say anything. She (Resident #93) added "I felt disgusted, my feelings were hurt. My pain was worse. I was not crying, I was saying Ouch! Ouch! To let them know they were hurting me. My catheter came out." The resident reported that when Nurse #2 came in on the 11:00 PM-7: 00 PM shift, she reinserted a new catheter. The resident also added she would never allow NA #1 and NA #2 to change her or give her any kind of care after the incident.

The administrator was notified of the immediate jeopardy on 11/30/2011 at 9:15 AM. The facility provided an allegation of compliance on 11/30/2011 at 6:55 PM. The allegation of compliance indicated:

Nurses- Abuse/Neglectprevention and reporting process. —
on11-18-11 by Administrator.
2nd re-training of Administrative
Nurses- Abuse/Neglectprevention and reporting process
Elder Justice Act, Resident
Concern Process, 24/5
reporting process and to
include new forms on 11-18-11
by Administrator.

during orientation, on abuse/neglect and reporting by Staff Development Coordinator or

All new hires will be in-serviced,

designee.

by Administrator.

Re-training of Administrative

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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

345376

A. BUILDING B. WING _

11/30/2011

NAME OF PROVIDER OR SUPPLIER

CUMBERLAND NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION 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 226	What corrective action will be accomplished for those residents affected by the deficient practice? Resident #93 assessed and interviewed upon	F 226	Interviewable residents were interviewed for potential resident concerns- 11-16-11 for that resident and other interviewable residents on that hall on 11-19-11 all other residents in facility by Social Worker & Activities Director.	
	notification of her concern. 11-15-11 Resident was interview by the Social Worker on 11-15-11. Resident re-interviewed by the Social Worker on 11-16-11. 24 hour report initiated. 11-15-11 by the Director of Nursing. NA #1, and NA#2 were suspended from		Retraining of all staff on Abuse/ Neglect – prevention and reporting process. (to include Nurses, Nurse's Aides, Housekeeping, and Dietary. Administrative Staff, Maintenance, and Contracted	
	employment after urine screens obtained. 11-15-11 by Director of Nursing. NA #1 with allegation of physical abuse reported by the facility to the Fayetteville Police Department. 11-15-11 by Facility Administrator. 5 day report completed and NA#1, and NA#2		Services) on 11-22-11 by Administrator, Director of Nursing Services, and Staff Development Coordinator. Monitor non-interviewable	
	were terminated from employment. 11-18-11 by Director of Nursing. Administrator/Director of Nursing re-in serviced on reporting abuse neglect and prevention of abuse neglect. 11-18-11 by Regional Vice President of Operations Re-training of Department Heads on		residents for changes that would deviate from their normal behavior; (done by using resident census-walking rounds tool) by Social Worker	
	Abuse/Neglect- prevention and reporting, Elder Justice Act, and Resident Concern Process. 11-18-11 by Facility Administrator. Re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. 11-18-11 by Facility Administrator.		and Activities Director. Administrator/Director of Nursing Services re-inserviced on Reporting Abuse & Neglect, Preventing Abuse & Neglect,	
	2nd re-training of Administrative Nurses- Abuse/Neglect-prevention and reporting process. Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms 11-18-11 by Facility Administrator. Retraining of all staff on	1	Training all facility & on Reporting Abuse Neglect, and Prevention of abuse and Neglect on 11-18-11 by Regional Vice President of Operations. active (D: 953074)	

PRINTED: 12/07/2011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED TATEMENT OF DEFICIENCIES **IDENTIFICATION NUMBER:** ND PLAN OF CORRECTION A BUILDING 11/30/2011 B. WING_ 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD CUMBERLAND NURSING AND REHABILITATION CENTER **FAYETTEVILLE, NC 28306** (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC (DENTIFYING INFORMATION) TAG DEFICIENCY) TAG Re-training of Department Heads on Abuse/Neglect- prevention F 226 Continued From page 27 F 226 and reporting, Elder Justice Act, Abuse/Neglect-prevention and reporting process. (to include Nurses, Nurse 's Aides, Resident Concern Process on Housekeeping, Dietary, Administrative Staff, 11-18-11 by Facility Administrator. Maintenance, and Contracted Services) 11-22-11 Re-training of Administrative by Administrator, Director of Nurses, and Staff Nurses- Abuse/Neglect-prevention Development Coordinator. Interviewable residents were interviewed for and reporting process. potential resident concerns related to potential 11-18-11 by Facility Administrator. abuse. 11-16-11 for that resident and other 2nd re-training of Administrative interviewable residents on that hall by Social Nurses- Abuse/Neglect-prevention Worker. Activities Director assisted with and reporting process. Elder Justice completion of interviews on 11-19-11. Act, Resident Concern Process, What corrective action will be accomplished for 24/5 reporting process to include those residents having potential to be affected by new forms. 11-18-11 by Facility the same deficient practice? Administrator. Department Head Meeting · Administrator/Director of Nursing Services re-in Agenda will include the serviced on Reporting Abuse & Neglect, Preventing Abuse & Neglect, Training all facility administrator asking the on Reporting Abuse Neglect, and Prevention of department heads: "Has anyone abuse and Neglect. 11-18-11 by Regional Vice made you aware of any reports President of Operations. of abuse/neglect?" Re-training of Department Heads on All new hires will be in-serviced, Abuse/Neglect- prevention and reporting. Elder during orientation, on abuse/neglect Justice Act Resident Concern Process. 11-18-11 by Administrator. and reporting by Staff Re-training of Administrative Nurses-Development Coordinator Abuse/Neglect-prevention and reporting process. or designee by Staff **Development Coordinator** 11-18-11 by Administrator. 2nd re-training of Administrative Nursesor Designee. Abuse/Neglect-prevention and reporting process Elder Justice Act, Resident Concern Process, 24/5 reporting process and to include new forms. 11-18-11 by Administrator.

All new hires will be in-serviced, during

orientation, on abuse/neglect and reporting by

PRINTED: INVITANT FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING 11/30/2011 B. WING 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD CUMBERLAND NURSING AND REHABILITATION CENTER FAYETTEVILLE, NC 28306 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES ın (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG All staff, including new hires, will be in-serviced on recognizing F 226 F 226 Continued From page 28 "Burn Out" and signs of aggression, Staff Development Coordinator or designee. seeking assistance, and reporting Interviewable residents were interviewed for potential resident concerns- 11-16-11 for that to supervisor any co-workers resident and other interviewable residents on that who may be showing signs of hall. On 11-19-11 all other residents in facility by "Burn Out" by Staff Development Social Worker & Activities Director. Coordinator or designee. Retraining of all staff on Abuse/Neglect -Re-Training on Abuse/Neglectprevention and reporting process. (to include prevention and reporting process. Nurses, Nurse's Aides, Housekeeping, and Dietary. Administrative Staff, Maintenance, and (to include Nurses, Nurse's Aldes, Contracted Services) 11-22-11 by Administrator, Housekeeping, Dietary, Director of Nursing Services, and Staff Administrative Staff, Development Coordinator. Monitor non-interviewable residents for changes Maintenance, and that would deviate from their normal behavior; (**Contracted Services)** done by using resident census-walking rounds on 11-22-11 by Administrator, tool) by Social Worker and Activities Director. Director of Nursing Services, and Staff Development Coordinator) What measures will be put into place or systemic changes will be made to ensure that the deficient Resident Care Audits will be done by practice will not occur: Administrative Nurses to observe preservation of resident dignity, Administrator/Director of Nursing Services and absence of care giver burn re-inserviced on Reporting Abuse & Neglect, Preventing Abuse & Neglect, Training all facility & out, abuse and neglect. (To on Reporting Abuse Neglect, and Prevention of include all three shifts, abuse and Neglect. 11-18-11 by Regional Vice Nurse and Nurse Aides)-President of Operations. 3 per week on each shift x4 Re-training of Department Heads on weeks- then weekly x3 months-Abuse/Neglect-prevention and reporting, Elder and reviewed at the Quarterly

Justice Act,

Administrator.

Resident Concern Process. 11-18-11 by Facility

Abuse/Neglect-prevention and reporting process.

Abuse/Neglect-prevention and reporting process.

Re-training of Administrative Nurses-

11-18-11 by Facility Administrator.

2nd re-training of Administrative Nurses-

Qi meeting.

Monitor non-interviewable

residents for changes that

would deviate from their

PRINTED: 12/0/12011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: UND PLAN OF CORRECTION A. BUILDING 11/30/2011 B. WING 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD **CUMBERLAND NURSING AND REHABILITATION CENTER FAYETTEVILLE, NC 28306** (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (D (X4) ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) **DEFICIENCY**) TAG normal behavior; (done by using resident census-walking F 226 Continued From page 29 F 226 rounds tool) by Administrative Elder Justice Act, Resident Concern Process, 24/5 reporting process to include new forms. Nursing staff or designee. 11-18-11 by Facility Administrator. Re-inservice on Abuse/Neglect Department Head Meeting Agenda will include prevention. 100% of staff in all the administrator asking the department heads: Has anyone made you aware of any reports of departments(to include all 3 abuse/neglect? " shifts Nurses, Nurse Aldes, All new hires will be in-serviced, during Housekeeping, Dietary, orientation, on abuse/neglect and reporting by Maintenance, and Contract Staff Development Coordinator or designee by Staff Development Coordinator or Designee. Employees) by Designated All staff, including new hires, will be in-serviced Administrative Staff. Will be on recognizing "Burn Out" and signs of done every two weeks x3, aggression, seeking assistance, and reporting to then monthly x3, then supervisor any co-workers who may be showing quarterly by Administrative signs of "Burn Out" by Staff Development Coordinator or designee. Nursing Staff or designee. Re-Training on Abuse/Neglect- prevention and Resident interviews for potential reporting process. (to include Nurses, Nurse 's concerns weekly x4 weeks then Aides, Housekeeping, Dietary, Administrative monthly x3, then quarterly by Staff, Maintenance, and Contracted Services) 11-22-11 by Administrator, Director of Nursing Social Worker or designee. Services, and Staff Development Coordinator) Results will be reviewed at Resident Care Audits will be done by the Quarterly QI Meeting. Administrative Nurses to observe preservation of resident dignity, and absence of care giver Random staff Interviews burn out, abuse and neglect. (To include all three (5 staff members) weekly x4 shifts, Nurse and Nurse Aides)-3 per week on weeks, then monthly x3, then each shift x4 weeks- then weekly x3 months- and quarterly. Interviews will reviewed at the Quarterly QI meeting. Monitor non-interviewable residents for changes cover questions relating to that would deviate from their normal behavior; recognition and reporting (done by using resident census-walking rounds

Monitoring:

tool) by Administrative Nursing staff or designee.

Re-inservice on Abuse/Neglect prevention.

of abuse/neglect and "Burn

Out" by Administrative Nursing Staff or designee.

Results will be reviewed

PRINTED: 1210112011 FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 11/30/2011 B. WING 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD **CUMBERLAND NURSING AND REHABILITATION CENTER FAYETTEVILLE, NC 28306** COMPLETION PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES DATE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRĖFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) TAG at the Quarterly QI Meeting. Daily monitoring of staff F 226 Continued From page 30 F 226 to observe for signs of burn-100% of staff in all departments(to include all 3 out/aggression utilizing a QI shifts Nurses, Nurse Aides, Housekeeping. Dietary, Maintenance, and Contract Employees) tool.(will include all three shifts, by Designated Administrative Staff. Will be done Nurses, Nurse's Aldes, Dietary, every two weeks x3, then monthly x3, then Housekeeping, Administrative quarterly by Administrative Nursing Staff or Staff, Maintenance, and designee. Resident interviews for potential concerns weekly Contract Employees) by x4 weeks then monthly x3, then quarterly by Administrative Nursing staff Social Worker or designee. Results will be and or designee. reviewed at the Quarterly QI Meeting. Resident Care Audits will be Random staff interviews (5 staff members) weekly x4 weeks, then monthly x3, then done by Administrative quarterly. Interviews will cover questions relating Nurses to observe the to recognition and reporting of abuse/neglect and preservation of resident "Burn Out" by Administrative Nursing Staff or dignity, and absence of care designee. Results will be reviewed at the giver burn out, abuse and Quarterly QI Meeting. Daily monitoring of staff to observe for signs of neglect. (To include all three burn-out/aggression utilizing a QI tool (will shifts, Nurses and Nurse Aides)include all three shifts, Nurses, Nurse's Aides, 3 per week on each shift x4 Dietary, Housekeeping, Administrative Staff, weeks- then weekly x3 months-Maintenance, and Contract Employees) by and reviewed at the Quartely QI Administrative Nursing staff and or designee. Resident Care Audits will be done by meeting. Administrative Nurses to observe the Non-interviewable resident audit preservation of resident dignity, and absence of tool will be done by Administrative care giver burn out, abuse and neglect. (To Staff or designee (all noninclude all three shifts, Nurses and Nurse Aides)interviewable resident weekly x4 3 per week on each shift x4 weeks- then weekly x3 months- and reviewed at the Quartely QI weeks, then monthly x3, meeting. then quarterly results Non-interviewable resident audit tool will be done reviewed at the Quarterly QI

by Administrative Staff or designee (all non-interviewable resident weekly x4 weeks,

then monthly x3, then quarterly . Results reviewed at the Quarterly QI meeting. 11-30-11

meeting on 11-30-11.

PRINTED: 12/07/2011 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SUI COMPLET	
		345376			11/30	/2011
CUMBER (X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	24	EET ADDRESS, CITY, STATE, ZIP CODE 61 LEGION ROAD AYETTEVILLE, NC 28306 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPLEADED TO THE APPLEADE	OULD BE	(X6) COMPLETION DATE
TAG	Continued From particles Compliance date: All new hires will be orientation, on abuse of direct care staff reeducation on abuse of direct care staff reeducation on abuse, review of in-service staff on abuse, review of in-service staf	age 31 11/30/2011 e in-serviced, during se/neglect and reporting. 7:00 PM, verification of the was evidenced by interviews related to mandatory use, review of the new "Abuse g" packet dated 11/22/2011, e rosters on reeducation of riew of disciplinary actions ff involved in the incident on reluded ADON, NA #1 and rated from their job positions. If reported they received use, the importance of ecting the residents at the REASE/PREVENT DECREASE OTION reprehensive assessment of a ry must ensure that a resident e of motion receives ment and services to increase and/or to prevent further	F 226	F318 Resident # 7 was reassesed by the Director of Nursing for placement on rolled washcloth to left hand on 11-16-11. Resident #7 will continue to have rolled washcloth placed in left hand daily for contractures with refusals documented in the Nurses' notes. All other residents with contractures to include those of the hands have been reassessed by the Director of Nursing for proper device placement and use with follow up taken as appropriate for any identified areas of concern on 11-16-11. All nursing staff were in-serviced on the use of devices to include rolled wash cloths for contractures and documentation of refusals in the nurses' notes		12-19-11
	by: Based on observ interviews, the fact washcloth in the hand contracture noncompliance of	ation, record review and staff cility failed to apply a hand rolled nand of a resident who had left and failed to document the resident to have the hand placed for 1 of 3 residents		by the Staff Development Coordinator on 11/16/11. The DON and/or Administrativ Nurses will monitor the use of the proper placement of	e	

(X2) MULTIPLE CONSTRUCTION

PRINTED: 12/07/2011 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	345376 B. WING1		11/3	11/30/2011			
	PROVIDER OR SUPPLIER	D REHABILITATION CENTER	.1	24	EET ADDRESS, CITY, STATE, ZIP CODE 461 LEGION ROAD AYETTEVILLE, NC 28306		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	iX	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIED TO THE	OULD BE	(X5) COMPLETION DATE
F 318	Resident #7). Findings include: Resident #7 was a 1/1/2006 and read diagnoses include Dementia, Psychology Minimum Data Se indicated Residen memory loss. The motion was impair. A review of a telepoccupational there the physician assis "Nursing to continue than for hygien. A review of the incompleted on 11/2 identified with conducting and transfer. A review of the number of	admitted to the facility on Imitted on 9/14/11. Cumulative d Muscle Weakness, usis and Debility. The quarterly to (MDS) completed on 10/31/11 to #7 had short and long term MDS indicated upper range of the donone order completed by the apist dated 9/15/11, signed by stant on 9/16/11 stated, use to apply rolled washcloth to the 4-6 hours/day." Iterdisciplinary care plan note 2/11 revealed Resident #7 was attracture of the left hand/fingers. Iterse's progress notes dated Resident #7 required the staff with activities of daily		318	devices for residents with contracture to include reisdents utilizing a QI tool weekly x4, monthly x3 then quarterly. The DON and/or Adminnistrative Nurses will follow up on any concupon identification. The results of the QI audits will be forwarded to the Executive QI Committee monthlyx3. Then quarterly for follow up as deemed necessary and to determine the frequency and/or need for continued monitoring as necessary.	re ncern	

PRINTED: 12/07/2011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING B. WING 11/30/2011 345376 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2461 LEGION ROAD **CUMBERLAND NURSING AND REHABILITATION CENTER FAYETTEVILLE, NC 28306** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 318 F 318 Continued From page 33 integrity. In an interview on 11/17/11 at 1:00 PM, Nursing Assistant (NA) #1 stated she had not put a rolled wash cloth in Resident #7's hand for the day. NA #1 indicated Resident #7 refused and would take the wash cloth out once placed by the staff. In an interview on 11/17/11 at 1:07 PM, Nurse #1 indicated she had witnessed Resident #7 refused to allow a rolled washcloth to be placed by the staff in her left hand. In an interview on 11/17/11 at 3:37 PM, the Staff Development Coordinator revealed she expected the nurses to document Resident #7's refusals to allow a rolled wash cloth to be placed in the left hand. In an interview on 11/17/11 at 5:30 PM, Nurse #2 & Nurse #3 indicated they did not know there was an order for a rolled wash cloth to be placed in the left hand of Resident #7. Nurse #2 added they were responsible for completing the interdisciplinary care plan.

left hand.

In an interview on 11/17/11 at 6:30 PM, the Director of Nursing (accompanied by the administrator) stated she expected the staff to have documented any refusals of Resident #7 failure to comply with the rolled wash cloth in the

CENTERS FOI	MEDICARE & MEDICAID SERVICES			
STATEMENT OF	ISOLATED DEFICIENCIES WHICH CAUSE ONLY A POTENTIAL FOR MINIMAL HARM	PROVIDER # 345376	MULTIPLE CONSTRUCTION A. BUILDING B. WING	DATE SURVEY COMPLETE: 11/30/2011
	IDER OR SUPPLIER ND NURSING AND REHABILITATION (STREET ADDRESS, CI 2461 LEGION RO. FAYETTEVILLE,	AD	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIEN	CIES		
F 279	483.20(d), 483.20(k)(1) DEVELOP COLA A facility must use the results of the asseptan of care. The facility must develop a comprehens and timetables to meet a resident's mediathe comprehensive assessment. The care plan must describe the services practicable physical, mental, and psychowould otherwise be required under §483 under §483.10, including the right to reference one (1) of one (1) sampled resident. (Reference one (1) of one (1) sampled resident. (Reference one of the properties of the current quarterly Minitong and short term memory problems. The MDS further indicated she was recompleted. The current quarterly Minitong and short term memory problems. The MDS further indicated she was recompleted by the Physician order for Resident's device of the Physician order for Resident's device of the Hospice agency care play were no quartely updates on Hospice and Review of Resident #47's record reveal indicating the resident's medical conditional properties. She further stated that and time of hospice patients care plant to the meetings.	MPREHENSIVE C. essment to develop, ive care plan for each cal, nursing, and me sthat are to be furnit bosocial well-being a 3.25 but are not pro- fuse treatment under videnced by: eview, the facility facts esident #47) Ey on 4/28/2011 with Contractures, General imum Data Set (MD) She required total a eiving hospice care ident #47 dated 06/ leclining health status an revealed the hosp gency care plan in the led there were no un ition since the resident eata Set (MDS) nurs the care plan meeting the controlly sends	ch resident that includes measurable contal and psychosocial needs that are inshed to attain or maintain the residents required under §483.25; and any servided due to the resident's exercise of §483.10(b)(4). illed to coordinate care plans for hosp that diagnoses which included Esophagaralized Muscle Weakness and Hemas S) dated 10/10/2011 documented the saistance with Activities of Daily Live 27/11 revealed the resident was admits. pice care plan was initiated on 06/28/20 the medical records. pdated documentations by the Hospitent was admitted to hospice services. e on 11/17/2011 at 9:00 AM, she stangs for Resident #47 since she was all hospice representative a note in regal	bjectives identified in I's highest rvices that rights ice care for leal Reflux, ituria resident had ring (ADL's). Itted to the 2011. There ce agency ied she did not dmitted to the rd to the date

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

The above isolated deficiencies pose no actual harm to the residents

PRINTED: 12/05/2011 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

STATEMENT AND PLAN O	OF DEFICIENCIES OF CORRECTION .	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUI		01 - MAIN BUILDING 01	COMPLE	TEO
		345376	B. WIN	√G		12/0	2/2011
	ROVIDER OR SUPPLIER	D REHABILITATION CENTER		24	EET ADDRESS, CITY, STATE, ZIP CODE 161 LEGION ROAD AYETTEVILLE, NC 28306		N9
(X4) ID PREFIX TAG	FACH DESICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO OROSS-REFERENCED TO THE APPL DEFICIENCY)	DULD BE	COMPLETION DATE
K 038 SS=E K 062 SS≃E	Exit access is arra accessible at all tir 7.1. 19.2.1 This STANDARD Based on the observed special callems deficient with The specific finding 1. The delayed excessive amount irreversible processible processibl	gress from the unit needed and tof pressure to start the ss. Note: A staff member other tested the door with the same see switch at the door entering at the nurses station were above hished floor.		038	reserves the right to refute any of deficiencies on this statement through informal dispute resolution, Formal appeal procedure and any other administrative legal proceedings.	nd n to lee on is on	(X6) DATE
LABORATOR	Y DIRECTOR'S OR PRO	VIDER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	Ξ	YITLE	٨	100 100

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.

If continuation sheet Page 1 of 2

PRINTED: 12/05/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** (X2) MULTIPLE CONSTRUCTION

01 - MAIN BUILDING 01

(X3) DATE SURVEY COMPLETED

345376

A, BUILDING B, WING_

12/02/2011

NAME OF PROVIDER OR SUPPLIER

CUMBERLAND NURSING AND REHABILITATION CENTER.

STREET ADDRESS, CITY, STATE, ZIP CODE 2461 LEGION ROAD SUEBE ON STRUCTORY

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 038 Delayed egress has been adjusted so that minimal pressure will start the irreversible process, repaired 12/8/11. No other pressure
Delayed egress has been adjusted so that minimal pressure will start the irreversible process, repaired 12/8/11. No other pressure
Sensitive delayed egress' Doors on premises to Correct. Delayed egress will Be inspected weekly For proper function x4 Weeks. Then monthly X3, then quarterly Utilizing an QI audit Tool. Results will be Reviewed at the Quarterly QI meeting. The door release switch has been lowered below the 48 inch level, repaired 12/8/11. No other door release Switches on premises To correct.

FORM CMS-2567(02-09) Provious Versions Obsolète

Event ID: NJR921

Facility 10: 953074

If continuation sheet Page 2 of 2



		HAND HUMAN SERVICES E & MEDICAID SERVICES				FORM OMB NO.	12/05/2011 APPROVED 0938-0391
STATEMENT	OF PEFICIENCIES F CORRECTION	(X1) PROVIDENBUPFLIERICLIA IDENTIFICATION NUMBER:	(X2) N A BU		PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SU COMPLE	irvey Ted
	•	345376	B. Wi	ие_		12/02	2/2011
1	ROYIDER OR SUPPLIER LLAND NURSING AN	D REHABILITATION CENTER		2/	EET ADDRESS, CITY, STATE, ZIP COD 461 LEGION ROAD AYETTEVILLE, NC 28306	E .	
(X4) IO PREFIX YAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	'ID PREF YAG	īΧ Į	PROVIDERS PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SKOULD BE	COMPLETION DATE
K 062.					K 062. Sprinkler head in the Dietary Department has been replaced. 12/13/11. All other sprinkler Heads audited for Build-up on 12/13/11. Sprinkler heads will Be audited weekly x4, Then monthlyx3, then Quarterly utilizing A Qi tool. Results will be Reviewed at the Quarterly QI meeting.		12/13/11.

FORM CMS-2507(02-99) Previous Vendons Obsolete

Event ID; NJR921

Facility ID: 953074

If continuation sheet Page 2 of 2

