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

NOV 2 6 2012

PRINTED: 11/13/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	LTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		DEITH FORIOR HORDER	A. BUILDING			c		
		345487	B. WING	B. WNG			10/31/2012	
NAME OF PR	OVIDER OR SUPPLIER				TADDRESS, CITY, STATE, ZIP CODE			
CHERRY I	OINT BAY NURSING AN	ID REHABILITATION CENTER			MCCOTTER BLVD /ELOCK, NC 28532			
OUR AND CONTRACT OF DESCRIPTION			ID		PROVIDER'S PLAN OF CORRECT	TION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	×	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	SHOULD BE COMPLETION		
F 250 SS=D			F	250	Cherry Point Bay Nursing a habilitation Center acknow receipt of the Statement o	rledges f Defi-		
	services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.  This REQUIREMENT is not met as evidenced by:  Based on record review and staff interview, the facility failed to provide a follow up appointment				ciencies and proposes this correction to the extent of is factually correct and in c maintain compliance with ble rules and provisions of	findings order to applica- quality		
					of care of residents. The p correction is submitted as allegation of compliance.			
		nt (Resident #1) who y after surgery. The findings			Cherry Point Bay's respons Statement of Deficiencies denote agreement with th	does not e State-		
	with cumulative diag status, right-sided we 14 day re admission dated 9/17/2012, no	nitted to the facility 3/20/2012 noses of altered mental eakness, and diabetes. The Minimum Data Set (MDS) ted the resident was daily decision making.			ment of Deficiencies nor d constitute an admission th deficiency is accurate. Fur Cherry Point Bay reserves to refute any of the deficien this Statement of Deficien	at any ther, the right encies on	-	
	surgery following a b done on 9/3/2012, a readmitted to the fact A review of the medi discharging physicia		A Angelon (Personal Personal P		through Informal Dispute tion, formal appeal proced and/or any other administ legal proceeding.  F250 483.15(g)(1) Provision ically Related Social Service	lure rative or n of Med-		
	there had been a fol as ordered.	n 10-14 days. "  t #1 's record did not indicate low up visit with the surgeon  0/31/2012 at 9:30 AM, the		A STATE OF THE PROPERTY OF THE	Resident #1 required no fure reviews due to resident is in facility.	ırther		
					A		(X6) DATE	
LABORATORY	DIRECTOR'S OR PROVIDER	VSUPPLIER REPRESENTATIVE'S SIGNATUR	Æ		// TITLE		(AD) 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 plan of correction is requisite to continued program participation.

Facility ID: 955450

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NAME OF PROVIDER OR SUPPLIER  CHERRY POINT BAY NURSING AND REHABILITATION CENTER  PREFIX TAG  F 250  Continued From page 1 facility administrator stated that when a resident was readmitted to the facility, the nurse for that resident would be reported in a pool through the book and stated that she could not find an appointment for Resident #1 for a follow up visit with the surgeon. Nurse #1 stated that she did not know if she forgot to make the appointment, or if she passed it off to someone else. Nurse #1 stated that she received a resident from the hospital who needed a follow up appointment, is the would be the person responsible for making the appointment.  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE 110 MCCOTTER BLVD HAVELOCK, NC 2852  ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY) PREFIX TAG  TAG  TOWN OF INTERPROVADE SOLUTION (EACH DEFICIENCY) TAG  CONSTRUCTOR SOLUTION (EACH DEFICIENCY WAS FREE CENED BY FULL DEFICIENCY) TAG  CONSTRUCTOR SOLUTION (EACH DEFICIENCY WAS FREE CENED BY FULL DEFICIENCY) TAG  CONSTRUCTOR SOLUTION (EACH DEFICIENCY WAS FREE CENED BY FULL DEFICIENCY WAS FREE CENED BY	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED C		
NAME OF PROVIDER OR SUPPLIER  CHERRY POINT BAY NURSING AND REHABILITATION CENTER  (IV.4) ID. SUMMARY STATEMENT OF DEFICIENCIES (EACH OPERCIENCY MUST BE PIECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 250  Continued From page 1 facility, administrator stated that when a resident was readmitted to the facility, the nurse for that resident would be responsible for making a popointment with the physician office, and the appointment would be recorded in a book kept at the nursing station. The administrator looked through the book and stated that she could not find an appointment for Resident #1 for a post operative visit.  In an interview on 10/31/2012 at 3:30 PM Nurse #1 (the nurse who took the post operative orders), stated that she did not know if she forgot to make the appointment, or if she passed it off to someone else. Nurse #1 stated that if she received a resident from the hospital who needed a follow up appointment, she would be the person responsible for making the appointment.    Not provided the person responsible for making the appointment.   Nurse #1 (and provided the person responsible for making the appointment.   Nurse #1 (and provided the person responsible for making the appointment.   Nurse #1 (and provided the person responsible for making the appointment.   Nurse #1 (and provided the person responsible for making the appointment.   Nurse #1 (and provided the person responsible for making the appointment.   Nurse #1 (and provided the person responsible for making the appointment.   Nurse #1 (and provided the person responsible for making the appointment.   Nurse #1 (and provided the person responsible for making the appointment.   Nurse #1 (and provided the person responsible for making the appointment.   Nurse #1 (and provided the person responsible for making the appointment.   Nurse #1 (and provided the person responsible for making the appointment.   Nurse #1 (and provided the person responsible for making the appointment of the person responsible for making the person respon						<u> </u>			
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