### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/ CLIA Identification Number:** 345487

**Multiple Construction:**
- **Building:** 
- **Wing:** 

**Completed Survey Date:** 10/31/2012

**Name of Provider or Supplier:**

**Cherry Point Bay Nursing and Rehabilitation Center**

**Address:**

- **Street Address:** 110 McCotter Blvd
- **City:** Havelock
- **State:** NC
- **Zip Code:** 28532

**State or Zip Code:**

**ID Prefix Tag:** F 250

SS=D

**Summary Statement of Deficiencies**

**Deficiency:**

483.15(g)(1) Provision of Medically Related Social Service

**Description:** The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

**Requirement Not Met:**

This REQUIREMENT is not met as evidenced by:

- Based on record review and staff interview, the facility failed to provide a follow up appointment for one of one resident (Resident #1) who returned to the facility after surgery. The findings include:

  - Resident #1 was admitted to the facility 3/20/2012 with cumulative diagnoses of altered mental status, right-sided weakness, and diabetes. The 14 day re admission Minimum Data Set (MDS) dated 8/17/2012, noted the resident was cognitively intact for daily decision making.

  - Resident #1 was admitted to the hospital for surgery following a broken hip. The surgery was done on 9/3/2012, and the resident was readmitted to the facility on 9/5/2012. A review of the medical record revealed that the discharging physician stated as "Discharge Follow Up: He needs to follow up with Dr. [surgeon's name] in 10-14 days."

  - A review of Resident #1's record did not indicate there had been a follow up visit with the surgeon as ordered.

  - In an interview on 10/31/2012 at 9:30 AM, the

**Provider's Plan of Correction**

**Deficiency:**

F 250

**Action:**

Cherry Point Bay Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance.

Cherry Point Bay's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Cherry Point Bay reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.

**Deficiency:**

F250 483.15(g)(1) Provision of Medically Related Social Service SS=D

**Requirement Not Met:**

Resident #1 required no further reviews due to resident is no longer in facility.

**Signature:**

*Administrator*

**Date:**

11/5/2012
**NAME OF PROVIDER OR SUPPLIER**
CHERRY POINT BAY NURSING AND REHABILITATION CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**
116 MCGOTTER BLVD
HALEYOCK, NC 28632

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LCD IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
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<tbody>
<tr>
<td>F 250</td>
<td>Continued From page 1</td>
<td></td>
<td>facility administrator stated that when a resident was readmitted to the facility, the nurse for that resident would be responsible for making a follow up appointment 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.</td>
<td>F 250</td>
<td></td>
<td></td>
<td>100% of new admissions/re-admissions within the last 3 months will be audited for follow-up appointments by the QI nurse, completed on 11-20-12, using a QI tool.</td>
<td>11-20-12</td>
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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 remember making 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 if she received a resident from the hospital who needed a follow up appointment, she would be the person responsible for making the appointment.

The Executive QI Committee will meet and review audits to identify and address concerns and/or trends and to follow up as necessary to determine the frequency and the need for continued monitoring weekly X4, then monthly X3.