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

PRINTED: 05/21/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		,	(X3) DATE SURVEY COMPLETED		
	345348		B. WING	B. WING			C 04/29/2014	
NAME OF PROVIDER OR SUPPLIER WHISPERING PINES NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB DRIVE FAYETTEVILLE, NC 28301				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) OMPLETION DATE	
F 282 SS=D	PERSONS/PER CA The services provion must be provided by accordance with eacare. This REQUIREMENT by: Based on record reinterviews, the facil not to place a straw was at risk for swal residents care plan Findings included: Resident #4 was ac 2/26/13. Diagnoses swallowing) and de minimum data set of indicated Resident moderately impaire not listed. The care "no straws." During an observat Resident #4 orange straw in the liquid. Vorange juice throug started coughing up NA (nursing assistatives was responsible for tray before him. In an interview on 4 when questioned restraw in the orange straw in the orange straw in the orange straw in the orange	RVICES BY QUALIFIED ARE PLAN ded or arranged by the facility y qualified persons in ich resident's written plan of the resident's written plan of the resident's written plan of the liquid of a resident that lowing difficulties for 1 of 3 is reviewed (Resident #4). dimitted into the facility on a included dysphagia (difficulty mentia. The thirty day completed on 2/17/14 #4 cognitive pattern was d. Swallowing disorder was plan dated 1/22/14 indicated from on 4/29/14 at 8:45 am, a juice was observed with a When the resident sipped the h the straw he immediately from drinking through the straw. Int) #1 acknowledged that she is setting the resident's meal are setting the resident's meal from the placing why was there a juice, she stated that she did ard, prior to placing the tray	F 2	282	The straw was immediately removed from the residentl s beverage. Reside lungs sounds were assessed for symptoms of aspiration on 4/29/14 and chest x-ray obtained on 4/30/14. Both were negative for signs of aspiration. Speech Therapist screened resident of 4/29/14 and confirmed that straw restriction should continue. Care plan Kardex were reviewed on 4/29/14. Meal cards for all residents should be read and complied with by dietary and nursing staff. Dietary and nursing staff were in-serviced by 5/4/14 regarding reading the meal tickets which often contain care plan interventions. All chawere reviewed for a diagnosis of dysphagia on 5/5/14. For dysphagia residents, their care plan, Kardex, and meal ticket were reviewed to ensure th special instructions were present and accurate on 5/5/14. Dietary will no longer wrap a straw with the silverware. Dietary staff were in-serviced on 4/29/14 to this new procedure.	ent d an and f arts	20/14	
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN					TITLE	(X6)) DATE	

Electronically Signed

05/19/2014

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.

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F 282 F 309 SS=D	before the resident. resident was not su the special instructic card. In an interview on 4 of nursing stated th assistants to read the the resident to eat, items were on the resident to eat, items were on the resident developing resident review of Resident she indicated that she followed with "not 483.25 PROVIDE Control of the special province of the second state	ntinued From page 1 fore the resident. She acknowledged that the ident was not supposed to have a straw per special instructions indicated on the meal F 282 New CNAs will receive training tickets and care plans during effective 5/5/14. Beginning 5/		care plans during orients (1/4). Beginning 5/5/14, m will review new order special feeding instruction, Kardex, and meal tited, if necessary. /3/14, Dining Services / Oleted three times week and then monthly for the nonitor the performance nursing staff. Director (vices (DNS) and/or desire the audit. The audits eekly for four weeks by virector (ED) and DNS from the audits will be discustive QMP Meeting for three est QMP meeting was holicies, procedures, and	tation the s each tions. cket Audit ly for ree of signee will be the or g. ssed in eled	5/20/14			
	provide the necessary or maintain the high mental, and psychologocordance with the and plan of care.	ary care and services to attain nest practicable physical, social well-being, in e comprehensive assessment							
	by:	NT is not met as evidenced		The store		اء ما			
	Based on record re	eview, observation and staff		i ne straw v	vas immediately remov	ea			

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F 309	309 Continued From page 2		F 30	9			
	interviews, the facility failed to ensure that a straw was not placed in the liquid of a resident that was at risk for aspiration and difficulties swallowing for 1 of 3 residents records reviewed for swallowing difficulty (Resident #4). Findings included: Resident #4 was admitted into the facility on 2/26/13. Diagnoses included dysphagia (difficulty swallowing), paralysis agitans and dementia. The thirty day minimum data set completed on 2/17/14 indicated Resident #4 cognitive pattern was moderately impaired. Swallowing disorder was not listed. The care plan dated 1/22/14 indicated "no straws." Review of the physician order for April 2014 in part read "mechanical soft thin liquids to begin with morning meal on 2/6/14." Review of the speech therapist progress and discharge summary dated 2/17/14 in part read "1) the patient will follow safety strategies for			from the resident s beveral lungs sounds were assesse symptoms of aspiration on 4 chest x-ray obtained on 4/30 were negative for signs of a Speech Therapist screened 4/29/14 and confirmed that restriction should continue.	were assessed for aspiration on 4/29/14 and tained on 4/30/14. Both for signs of aspiration. pist screened resident on		
				Meal cards for all residents read and complied with by conursing staff. Dietary and n were in-serviced by 5/4/14 reading the meal tickets wh			
				contain care plan interventic were reviewed for a diagnos dysphagia on 5/5/14. For d residents, their care plan, K meal ticket were reviewed to special instructions were pro- accurate on 5/5/14.	ons. All charts sis of ysphagia ardex, and o ensure that		
	swallow of ordered verbal, tactile and v precautions: aspira Review of the diet	diet with 90% accuracy with visual instruction/cues, 2)		Dietary will no longer wrap a the silverware. Dietary staff in-serviced on 4/29/14 to thi procedure.	f were		
	Resident #4 orange straw in the liquid. Yorange juice throug started coughing up NA (nursing assista was responsible for	w." tion on 4/29/14 at 8:45 am, e juice was observed with a When the resident sipped the gh the straw, immediately he pon drinking through the straw. ant) #1 acknowledged that she r setting the resident's meal d placing the straw in the		New CNAs will receive train tickets and care plans durin effective 5/5/14. Beginning Clinical Team will review nemorning for special feeding The care plan, Kardex, and will be updated, if necessary Beginning 5/3/14, Dining Sewill be completed three time four weeks and then monthly	g orientation 5/5/14, the w orders each instructions. meal ticket y. ervices Audit es weekly for		

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F 309	when questioned is straw in the orang not read the meal before the resident resident was not sliquids per the specard. In an interview on of nursing stated the resident to eat items were on the linear and the resident to eat items were on the straw in the napking tray/meal preparate nursing staff is resinstructions indicate allowing the resident linear interview on speech therapist (discharge summa 2/17/14, Resident through a straw dus wallow safety with rationale that drink cause the liquids to resident did not have	4/29/14 at 8:47 am, NA #1 regarding why was there a re juice, she stated that she did card, prior to placing the tray t. She acknowledged that the upposed to have a straw in his ricial instructions on the meal 4/29/14 at 8:50 am, the director that she expected the nursing the meal card prior to allowing the meal tray. 4/29/14 at 9:15 am, the dietary at the dietary staff prepared a for all residents' during rion. She concluded that the reponsible for reading the special ted on the meal card prior to rents to eat. 4/29/14 at 10:45 am, the ST) stated based on the ry and evaluation completed on #4 should not be drinking ue to the resident was unable to the a straw. He (ST) provided a sting through a straw would o shoot to the back of the a quick manner, and the live the muscular ability to when swallowing, when	F3	mo die Nu wil rev Ex are Fir the mo	onths to monitor the performare tary and nursing staff. Directors (DNS) and/or of a complete the audit. The audit wiewed weekly for four weeks to the cutive Director (ED) and DNS the cast that may need further trained in a complete the audits will be discorded in the audits will be discorded in the control of the contro	or of designee its will be by the 5 for ling. cussed in ee 5 held nd	