PRINTED: 06/24/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY IPLETED	
		345481	B. WING			C 08/2014
	PROVIDER OR SUPPLIER	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301	1 03/	00/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED CORRECTION OF THE APPROPRIED CORRECTION OF THE APPROPRIED CORRECTION OF THE APPROPRIED CORRECTION OF T	D BE	(X5) COMPLETION DATE
F 164 SS=E	The resident has the confidentiality of his records. Personal privacy incomedical treatment, communications, personal privacy incomedical treatment, communications, personal individual of the resident release of personal individual outside the contained in the resident is transferrinstitution; or record The facility must ke contained in the resident in the reside	e right to personal privacy and or her personal and clinical cludes accommodations, written and telephone ersonal care, visits, and and resident groups, but this efacility to provide a private lent. in paragraph (e)(3) of this at may approve or refuse the and clinical records to any refacility. to refuse release of personal does not apply when the ed to another health care at release is required by law. ep confidential all information sident's records, regardless of methods, except when by transfer to another n; law; third party payment dent. NT is not met as evidenced eview, observations and staff ity allowed residents' medical	F 10	Nurse #1 with resident identifying information on his personal cell ph	none	6/18/14
AROPATOPY	from staff members physician and physi phones for 7 out of	ansmitted in texting format s' private cell phones to the cian assistant's personal cell 7 residents (Resident #1, #2,	IATLIRE	was instructed to delete the inform immediately and was in-serviced of policy for cell phone usage while if facility, located in the personnel harmonic.	on the n the	(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Electronically Signed

05/27/2014

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		LE CONSTRUCTION		E SURVEY PLETED
		345481	B. WING			05/0	08/2014
NAME OF I	PROVIDER OR SUPPLIER	l .		S	STREET ADDRESS, CITY, STATE, ZIP CODE		30/2014
				4	00 PELT DRIVE		
WOODL	ANDS NURSING & RI	EHABILITATION CENTER		F	AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 164	Continued From pa	age 1	' F 1	64			
	· ·	#7). Findings included:		٠.	and the secure methods of relaying	ı	
	"o, " 1, "o, "o and	mr). I manigo moladod.			resident information by the Director		
	Review the of the facility policy for personal				Nursing on 05/07/14.		
		page 28 in part read "personal			A Directed Plan of Correction was		
		cell phones are to be shut off			imposed by Centers for Medicare 8	ι	
		urs - cells phone should not be			Medicaid Services (CMS).	يرط ام	
		eas. Taking photos of facility prohibited. Transmitting of any			All licensed nursing staff were calle the Director of Nursing and asked it		
		ation is strictly prohibited."			had resident identifying information		
		and the ententy promotion.			their cell phones. All licensed nurs		
	1a. Observation or	n 5/7/14 at 2:07 pm was made			staff were instructed to delete any r		
		onal cell phone accompanied			identifying information immediately	, and	
		ursing (DON) revealed			were informed they were violating		
		messages that read "Resident			company policy, by the Director of I	Nursing	
		e, has a change in status: she e motor skills seem unable to			on 05/07/14. All previously employed licensed nu	ıreina	
		tly confusion during			staff and certified nursing assistant		
		d glucose 84, 128/84, 84, 80,			going back to 2012, were sent a let		
	97.5, oxygen satur	ation 95 on room air" dated			explaining the violation and the step		
		to the physician. At 9:04 am, a			taken to correct the violation, as we		
		"I apologize this is (name of			instructing the previous employees		
		of the hall) Nurse #1. "A reply			check their personal electronic dev		
		sician's cell phone dated read "complete blood count,			protected health information of resi notify the facility immediately if prot		
		c count and urine let me know			health information is found and to o		
	if still jerking in 10				immediately.		
	, ,				All Staff in-serviced on the policy		
		5/7/14 at 2:08 pm, Nurse #1's			regarding cell phone use while in th		
		e accompanied by the DON			facility and secure methods of relay		
		tted texted message from			resident information by the Director		
		al cell phone sent to the			Nursing and the Assistant Director Nursing, on 05/07/14. No staff mer		
		one that in part read "Resident e, INR (international normalized			will be allowed to work until the	IIDEI	
		g (milligrams) of coumadin;			completion of the in-service on cell	phone	
previously INR 0.9 on 3/19/14 recei					usage in the facility and secure me	•	
		ay dated 3/22/14 at 10:24 am,			of relaying resident information.		
	name of facility, na	me of hall resident resided on,			A Directed Plan of Correction was		
	at 10:25 am."				imposed by Centers for Medicare 8		
					Medicaid Services (CMS).		

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE PAYETTEVILLE, NO 23301		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
WOODLANDS NURSING & REHABILITATION CENTER ### CONTINUED			345481			
400 PELT DRIVE FAYETTEVILLE, NC 28301	NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS. CITY. STATE. ZIP CODE	03/00/2014
FAYETTEVILLE, NC 28301						
F164 Continued From page 2 c. Observation on 577/14 at 2:09 pm, Nurse #1's personal cell phone accompanied by the DON revealed a transmitted texted message (picture of physician discharge medications orders) that in part read "Resident #3's first/last name, age, patient #, sex, attending doctor, medical record number, atrovent 0.5mg (2 milliliters). d. Observation on 577/14 at 2:10 pm, Nurse #1's personal cell phone accompanied by the DON revealed transmitted texted messages (picture of physician discharge medications orders) that in part read "Resident #3's first/last name, age, patient #, sex, attending doctor, medical record number, atrovent 0.5mg (2 milliliters). d. Observation on 577/14 at 2:10 pm, Nurse #1's personal cell phone accompanied by the DON revealed transmitted texted messages that in part that read "Resident #4's first/last name, has been on cipro 500 mg since 3/5 with no stop date for ulcerative colitis, name of the facility, dated 3/15/14 at 10:26 am from the physician no 65/15/14. During orientation and on annual review, it will be stressed to all staff, by the Administrator, reparding the privacy of resident information and secure means of communicating with information and secure means of communicating with information and secure means of communicating with the physician in the facility will be educated, by the Administrator, to the fact that no resident information will be communicated with the physician in the facility will be educated, by the Administrator, to the fact that no resident information will be communicating with the physician versus using the facility scanner to scan residents' information on his personal cell phone, and then texted messaged to the physician versus using the facility scanner to scan residents' medical information. When questioned did his personal cell phone have encryption software installed on it, Nurse #1 replied not to his knowledge. In an interview on 577/14 at 2:20 pm with the director of nursing about staff's use of their personal cell phone have e	WOODLA	ANDS NURSING & RE	HABILITATION CENTER			
c. Observation on 5/7/14 at 2:09 pm, Nurse #1's personal cell phone accompanied by the DON revealed a transmitted texted message (picture of physician discharge medications orders) that in part read "Resident #3's first/last name, age, patient #, sex, attending doctor, medical record number, atrovent 0.5mg (2 milliliters). d. Observation on 5/7/14 at 2:10 pm, Nurse #1's personal cell phone accompanied by the DON revealed transmitted texted messages that in part that read "Resident #4's first/last name, has been on cipro 500 mg since 3/5 with no stop date for ulcerative colitis, name of the facility, dated 3/15/14 at 10:28 am." Reply back was texted on 3/15/14 at 10:28 am from the physician read "I will check it might come this pm." In an interview on 5/7/14 at 2:15 pm, Nurse #1 accompanied by the director of nursing, acknowledged that all the residents' information reviewed on his personal cell phone had been transmitted by extremessage to the physician's personal cell phone. He stated that he had also texted messaged pictures of labs including residents' first/last name, date of birth and diagnoses with a picture taken of the residents' information on his personal phone, and then texted messaged to the physician. Nurse #1 added that this expedited the process in communicating with the physician versus using the facility scanner to scan residents' medical information. When questioned did his personal cell phone have encryption software installed on it, Nurse #1 replied not to his knowledge. In an interview on 5/7/14 at 2:20 pm with the director of nursing about staff' suse of their personal cell phone taking pictures and text	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE COMPLÉTION
	F 164	c. Observation on 5 personal cell phone revealed a transmit physician discharge part read "Resident patient #, sex, atter number, atrovent 0. d. Observation on 5 personal cell phone revealed transmitte that read "Resident on cipro 500 mg sir ulcerative colitis, na 3/15/14 at 10:26 an 3/15/14 at 10:28 an will check it might companied by the acknowledged that reviewed on his pertransmitted by text personal cell phone texted messaged presidents' first/last diagnoses with a pi information on his pertexted messaged to added that this expromunicating with the facility scanner information. When cell phone have endit, Nurse #1 replied In an interview on 5	in/7/14 at 2:09 pm, Nurse #1's accompanied by the DON ted texted message (picture of a medications orders) that in a #3's first/last name, age, ading doctor, medical record and accompanied by the DON accomp	F 16	Physicians were educated to the methods of relaying resident inforby the Administrator via telephone on 05/07/14. Secure methods of information are e-mail, fax, face to or on the telephone verbally. A foletter referencing the secured merelaying resident information was to each physician on 05/15/14. During orientation and on annual will be stressed to all staff, by the Administrator, regarding the privaresident information and secure incommunicating such information include the facility policy on cell pusage. Any new physician in the fwill be educated, by the Administration the fact that no resident information communicated via text messaging. Compliance with the policy will be random audits of 10 percent of stimembers 5 times per week for 4 then 10 percent of staff members per month for 2 months, then 10 of staff members 1 time per quart quarters, and as needed. Compliance with the plan will be discussed during morning adminimeeting 5 times per week for 1 methen 1 time per month for 2 month 1 time per quarter for 3 quarters, needed The plan and its outcomes will be reviewed by the QAPI(Quality Assand Process Improvement) communicating the monthly QA (Quality Assurance)meeting. Any deviation	mation e verbally elaying o face, llow-up thods of mailed review, it cy of neans of to none acility ator, to on will be o, through aff weeks, 1 time percent er for 3 stration onth, ns, then and as urance nittee ms of the
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345481	B. WING			C 08/2014	
NAME OF	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIF	•	00/2014	
				400 PELT DRIVE			
WOODL	ANDS NURSING & R	EHABILITATION CENTER		FAYETTEVILLE, NC 28301			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CX (EACH CORRECTIVE ACTIVE ACTI	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 164	information to the phones, she state of this practice up acknowledged that do text message in the physician via the physician via the physician via the physician via the physician of the process in conversus using the faresidents' medical this was the physician of the process in conversus using the faresidents' medical this was the physician of	physician via staff personal cell of that she first became aware on hire in December 2013. She it "Yes" the facility nursing staff medical related information to heir personal cell phones. She hat she was informed that this ormer director of nursing. The owledged that she too have labs, medication related included residents' first/last by issued cell phone to the on indicated that this expedited inmunication with the physician; acility scanner to scan information. She added that cian's preferred method of incerning residents' care. When it is not sure, but would find out. Indicate how long she retained information on the facility's cell ethod was used to destroy the ned in the cell phone. 5/7/14 at 2:50 pm with the DON, the administrator when ing staff transmission of genedical information via text included pictures of the record from the staff 's cell phone indicated that her nat this practice would stop in questioned did the facility cell ministrative staff have the installed on it, the	F 1	and amendments to the p The review, outcomes, rec and monitoring will be incl facility QAPI (Quality Assu Process Improvement) me Any changes to the plan v documented in the QAPI (Assurance and Process In meeting minutes, and app re-in-serviced to changes monthly x 3 months, quart quarters, and as needed	commendations, luded in the urance and eeting minutes. will be (Quality mprovement) propriate staff in the plan,		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345481	B. WING			C 05/08/2014
	PROVIDER OR SUPPLIER	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, 400 PELT DRIVE FAYETTEVILLE, NC 28301	ZIP CODE	03/00/2014
(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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIAT	
F 164	personal cell phone revealed transmitteread "Resident #5's discharge medication included: patient ide birth, age, physiciar (albuterol sulfate 0.) b. Observation on 5 personal cell phone revealed a transmittracking form (pictu #6's first/last name, INR 1.8 dated 5/5/1 c. Observation on 5 personal cell phone revealed a transmittracking form (pictu #7's first/last name, current coumadin do In an interview on 5 accompanied by Nuthe residents' information reviewed on her petransmitted through assistant's (PA) per indicated that this work of communication residents. Nurse #2 she had also sent plab values (no specially deleted the susually deleted the sides would be sides of the sides of th	5/7/14 at 3:10 pm, Nurse #2's accompanied by Nurse #3 d texted messages that in part is first/last name, physician on orders (picture) that entification number, date of name, discharge medication 5 ml)." 6/7/14 at 3:11 pm, Nurse #2's accompanied by Nurse #3 ted texted message of an INR re) that in part read "Resident previous INR 2.4 date 5/3/14, 4." 6/7/14 at 3:12 pm, Nurse #2's accompanied by Nurse #3 ted texted message of an INR re) that in part read "Resident that in part read "Resident that in part read "Resident 5/1/14 previous INR 2.1	F 1	64		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345481	B. WING _			C /08/2014
	PROVIDER OR SUPPLIER	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301	<u>, 30.</u>	30,2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 164	sure why she still hinformation retaine "Oh my, I thought I information from or why it is still preser gallery. I am not sudeleted it." When ocell phone have enit, she said no. Nur and the quality ass specific date indica with the PA in this rebeen instructed by #3 stated that she residents' medical message due to reconcerns. Nurse #3 related to residents either called the PA and/or scanned resther called the PA and/or scanned resther facility's scanned. In an interview on sof nursing was information obtained the PA. The DON is currently was for the communicate residents residents included pictinformation obtained the PA. The DON is currently was for the communicate residents residents residents and residents residen	ity to go home, but was not and residents' medical d in her cell phone. She stated, had deleted this (Resident #7) at of my phone. I'm not sure now in my phone picture are how it got there because I questioned did here personal acryption software installed on se #2 concluded that the DON urance nurse were aware (no ated) that she communicated manner, and that she had not either to do otherwise. Nurse had not communicated information to the PA via text sident privacy/confidentiality added that any concerns while under her care, she a using the facility's telephone, sidents' medical information via er. 5/7/14 at 3:20 pm, the director armed concerning Nurse #2's nicating to the physician ersonal cell phone by text ats' identifying information that it is identifying information are facility staff not to a facility staff not to the facility staff not to the physician or a facility staff not to the physician or a facility staff not to the facility staff not to the facility staff not to the physician or a facili	F 16			
F 282 SS=D	483.20(k)(3)(ii) SE PERSONS/PER C.	RVICES BY QUALIFIED ARE PLAN	F 28	22		5/29/14

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION		E SURVEY PLETED
		345481	B. WING				08/ 2014
	PROVIDER OR SUPPLIER ANDS NURSING & RE	HABILITATION CENTER		400	REET ADDRESS, CITY, STATE, ZIP CODE 0 PELT DRIVE NYETTEVILLE, NC 28301	00/	30/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 282	must be provided by accordance with eacare. This REQUIREMEI by: Based on record refacility failed to follow blood sugar of a reaction of 3 residents' can hypoglycemia assow #1). Findings included Resident #1 was refulfoliated to make the sugar of a reaction of 3 residents' can hypoglycemia assow #1). Findings included Resident #1 was refulfoliated on 3/28/cognitive pattern was linsulin injections was seven. The care pladate through 7/1/14 hypoglycemia assower heck for blood something the physical Blood glucose monglucose less than of asymptomatic (aler give orange juice by glucose in 30 minustran 60 administer in the sugar provided by the physical by the physic	ded or arranged by the facility y qualified persons in inch resident's written plan of the resident was evidenced the with the care plan to recheck the sident that was out of range for re plans reviewed for ciated with diabetes (Resident led: admitted into the facility on as included diabetes and my minimum data set the indicated Resident #1's as moderately impaired. The remarks are indicated as received as an dated 8/1/13 with a of goal to stated "at risk for ciated with diabetes, provide ugars if out of normal range." It it is protocol for Resident #1 cian on 6/13/13 in part read "itoring: Hypoglycemic: blood or equal to 60: If resident is the and in usual state of mind) by mouth. Recheck blood ites, if blood glucose still less glucagon 1 milligram	F 2	82	Nurse #1 was given a verbal discipaction by the Director of Nursing on 05/10/14, for failing to follow facility on care of a resident with diabetes mellitus. Nurse #1 was in-serviced by the Director of Nursing, on 05/10/14, on the facipolicy, care of a resident with diabete mellitus. The facility has determined that all residents with diagnosis of diabetes mellitus have the potential to be affafter review of the medication administration records,by the Director Nursing on 05/13/14. An audit of all medication administration records of residents with diagnosis diabetes mellitus and an order for accuchecks was completed by the Director of Nursing on 05/13/14. All licensed nursing staff were in-set by the Director of Nursing,on 05/09 the facility policy, care of a resident diabetes mellitus. No licensed nursibe allowed to work until in-service of a resident with diabetes mellitus.	rector dity tes sected, tor of ation of erviced /14, on with se will on care	
	stat kit and notify pl	equivalent) intramuscular from hysician."			All newly hired nurses will be in-ser during orientation by the Director of Nursing, on the facility policy, care or resident with diabetes mellitus.	:	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION		E SURVEY PLETED
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		345481	B. WING			05/0	08/2014
NAME OF F	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
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WOODLA	ANDO NONOINO & NE	INABIENATION CENTER		FA	AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 282	(accompanied by the personal cell phone 2:26 pm in part real please advise, accepting s/s is jerking the same with eyes gave her med pass to elevate glucose. Further review of the reflected no re-evaluate sugar by Nurse #1 upon identifying the pm. In an interview on swhen questioned do blood sugar on 3/14 which resulted 54, answer the questionalert and confused services arrival. He follow-up information nurse's note. He contact to what Resign he checked it at 2:2 interventions he promedial services arrives on 5 of nursing stated strollowed the care p	ne director of nursing) via his e to the physician on 3/14/14 at d'critical for glucose level u check at this time 54, with on g on right shoulder, but talking open and conversation. I is (like an ensure supplement) in the medical record for 3/14/14 (luation of Resident #1's blood or other facility nursing staff, is blood sugar was 54 at 2:26 in the reevaluate Resident #1's 4/14 after checking at 2:26 pm, is stated that he could not elaborated that normally such on would be reflected in his oncluded that he could not dent #1's blood sugar was after 26 pm, or what other ovided prior to emergency	F 2	82	All licensed nurses will be in-service annually, by the Director of Nursing facility policy, care of a resident with diabetes mellitus. Accucheck results will be monitored the Director of Nursing 5 times a witimes 4 weeks, then weekly times 3 month quarterly x 3 quarters and as needed. Compliance with the plan will be discussed during morning meeting administrator 5 times per week time weeks, then weekly times 4 weeks, monthly times 3 months, then quart 3 quarters, and as needed. The plan and its outcomes will be reviewed by the QAPI (Quality Assurance) meeting. Any deviation the plan will be examined using a Richard Root Cause Analysis) approach to issue and amendments to the plan needed. This review, outcomes, recommendations, and monitoring included in the facility QAPI (Quality Assurance and Process Improvementing minutes. Any changes to the plan will be documented in the QAPI (Quality Assurance and Process Improvementing minutes. Any changes to the plan will be documented in the QAPI (Quality Assurance and Process Improvementing minutes, and appropriate is re-in-serviced to changes to the plan re-in-serviced re-in-serviced re-in-serviced re-in-serviced re-in-serviced re-in-serviced r	y on the h d by yeek 4 s, then ed. by the es 4 then terly x urance tee as of RCA the as will be yent)	
F 309 SS=D	483.25 PROVIDE (HIGHEST WELL B	CARE/SERVICES FOR EING	F 3	09	monthly x 3 months, quarterly x 3 quarters, and as needed.		5/29/14

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		` '	E SURVEY PLETED
		345481	B. WING				D 8/2014
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	P CODE	00/1	30/2014
				400 PELT DRIVE			
WOODLA	ANDS NURSING & RE	HABILITATION CENTER		FAYETTEVILLE, NC 28301			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PF		ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD HE APPROPR	BE	(X5) COMPLETION DATE
F 309	provide the necess or maintain the high mental, and psycho	ge 8 receive and the facility must ary care and services to attain nest practicable physical, associal well-being, in a comprehensive assessment	F 3	09			
	by: Based on record renursing staff failed hypoglycemia proto of a resident that w residents reviewed Findings included: Resident #1 was ad 11/10/10. Diagnose dementia. The 5 da completed on 3/28/cognitive pattern was linsulin injections we seven. The care pladate through 7/1/14 hypoglycemia assorecheck for blood serview of the faci signed by the physis "Blood glucose more glucose less than of asymptomatic (aler give orange juice be glucose in 30 minutation 60 administers."	eview and staff interviews, the to follow the facility's col to recheck the blood sugar as hypoglycemic for 1 of 3 for diabetes (Resident #1). Idmitted into the facility on as included diabetes and any minimum data set 14 indicated Resident #1's as moderately impaired. The indicated as received as an dated 8/1/13 with a of goal a stated "at risk for ciated with diabetes, provide ugars if out of normal range." It ity's protocol for Resident #1 cian on 6/13/13 in part read nitoring: Hypoglycemic: blood or equal to 60: If resident is the and in usual state of mind) by mouth. Recheck blood thes, if blood glucose still less glucagon 1 milligram equivalent) intramuscular from		Nurse #1 was given a veraction by the Director of N 05/10/14, for failing to foll on care of a resident with mellitus. Nurse #1 was in-serviced of Nursing, on 05/10/14, opolicy, care of a resident mellitus. The facility has determine residents with diagnosis of mellitus have the potential affected, after a review of administration records, by Nursing on 05/13/14. An audit of all medication records of residents with diabetes mellitus and an accuchecks was completed Director of Nursing on 05 All licensed nursing staff by the Director of Nursing the facility policy, care of diabetes mellitus. No lice be allowed to work until it of a resident with diabete All newly hired nurses will	Nursing on low facility in diabetes of the Diron the facility with diabetes at the medical to be the medical to be the medical to be a administration of the diagnosis order for the diagnosis order f	policy rector lity tes ation ctor of ation of rviced /14, on with se will on care	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345481	B. WING		C 05/08/2014
	PROVIDER OR SUPPLIER	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLÉTIO
F 309	2014 revealed the related to diabetes physician on 3/5/1. Glucotrol XL ((milligram) at 6:30 Lantus solostatime (9:00 pm) - Lawhich lowers the best of hours after being after injection is what achieved. A review of the numar, written by Nur Resident #1 obsermorning conversations observed alert and recognize nurse by pausing while talking with hand shaking Physician notified complete blood companel, and urinallys. A review of the medated 3/14/14 at 9 Resident #1 blood. A review of the numerad "at 10:56 amoundated that reside and breathing with episodes of jerking greater than 50% of At 12:20 pm, the resident with the process of the numerad "at 10:50 amoundated that resident with the pisodes of jerking greater than 50% of At 12:20 pm, the resident with the pisodes of jerking greater than 50% of At 12:20 pm, the resident with the pisodes of jerking greater than 50% of At 12:20 pm, the resident with the pisodes of jerking greater than 50% of At 12:20 pm, the resident with the pisodes of jerking greater than 50% of At 12:20 pm, the resident with the pisodes of jerking greater than 50% of At 12:20 pm, the resident with the pisodes of jerking greater than 50% of At 12:20 pm, the resident with the pisodes of jerking greater than 50% of At 12:20 pm, the resident with the pisodes of jerking greater than 50% of At 12:20 pm, the resident with the pisodes of jerking greater than 50% of At 12:20 pm, the resident with the pisodes of jerking greater than 50% of At 12:20 pm, the resident with the pisodes of jerking greater the pisodes of	ysician orders for March 14, following ordered medications is signed as approved by the 4: extended release) 5 mg am and 4:30 pm. If 30 units subcutaneous at bed antus is a long acting insulin alood glucose (sugar) within 4 to ginjected. Within 10 - 18 hours men the strongest effect is rese note dated 3/14/14 at 9:14 se #1 in part read "at 8:15 am, wed jerking on right side during tion; slightly confusion a oriented to self and able to y name but sluggish and ing often, unable to feed self is staff one to one with feeding. The art of the side of the	F 309	Nursing, on the facility policy, car resident with diabetes mellitus. All licensed nurses will be in-servannually, by the Director of Nursi facility policy, care of a resident with diabetes mellitus. Accucheck results will be monito the Director of Nursing 5 times a times 4 weeks, then weekly times weeks, then monthly times 3 mon quarterly x 3 quarters and as need Compliance with the plan will be discussed during morning meeting administrator 5 times per week to weeks, then weekly times 4 weel monthly times 3 months, then quarters, and as needed. The plan and its outcomes will be reviewed by the QAPI (Quality A and Process Improvement) commoduring the monthly QA (Quality Assurance) meeting. Any deviate the plan will be examined using a (Root Cause Analysis) approach issue and amendments to the plan eeded. This review, outcomes, recommendations, and monitoring included in the facility QAPI (Quality Assurance and Process Improve meeting minutes. Any changes to the plan will be documented in the QAPI (Quality Assurance and Process Improve meeting minutes, and appropriate re-in-serviced to changes to the plan will be documented in the QAPI (Quality Assurance and Process Improve meeting minutes, and appropriate re-in-serviced to changes to the plan will be documented in the QAPI (Quality Assurance and Process Improve meeting minutes, and appropriate re-in-serviced to changes to the plan will be documented, and appropriate re-in-serviced to changes to the plan will be documented, and appropriate re-in-serviced to changes to the plan will be documented, and appropriate re-in-serviced to changes to the plan will be documented, and appropriate re-in-serviced to changes to the plan will be documented.	riced ng on the with red by week s 4 ths, then eded. ng by the mes 4 ks, then arterly x essurance nittee ons of a RCA to the an as ng will be lity ment) e staff blan,

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345481	B. WING _			C / 08/2014
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F 309	obtained and sent lab results receive order to send to (n remain alert and o distress noted." A review of the lab at 10:22 am in par [reference range 7 critical value called read back by Nurs A review of a save (accompanied by the personal cell phonous 2:26 pm in part reaplease advise, acciprating s/s is jerking the same with eyes gave her med pass to elevate glucose. A review of the nuradministration recorrecheck of Reside follow-up intervent assessed the residus 4:10 pm, Nurse #1 result faxed and plasend to (name of hand oriented x2; not also also also also also also also also	I some of the lab being to be processed. At 4:10 pm, d and physician notified: new ame of hospital), resident riented x2; no respiratory report dated 3/14/14 collected t read "glucose 46 (critical) 4-106], result comments: d at 3/14/14 at 1:51: pm and e #1 at 1:56 pm. d text message by Nurse #1 he director of nursing) in his e to the physician on 3/14/14 at ad "critical for glucose level u check at this time 54, with on g on right shoulder, but talking sopen and conversation. I is (like an ensure supplement) se's notes and medication on t #1's blood sugar or any ion after Nurse #1 at 2:26 pm lent's blood sugar of 54. At nurse's note indicated "lab hysician notified: new order to nospital), resident remains alert to respiratory distress noted." ergency room report dated a revealed Resident #1 accurry was noted at 64 (origin of ed by emergency medical ssment). Clinical impression	F 30			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COMPLETED	
		345481	B. WING _			08/2014
	PROVIDER OR SUPPLIER ANDS NURSING & RE	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301	, ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETION DATE
F 309 F 520 SS=E	when questioned d blood sugar per face checking at 2:26 pr that he could not are the resident was also emergency medical elaborated that nor information would be the concluded that Resident #1's blood at 2:26 pm, or what provided prior to en arrival into the facility In an interview on 5 of nursing stated the blood sugar to have facility protocol by 1 when the blood sugar mp), with any interview on the facility protocol by 1 when the blood sugar to have facility protocol by 1 when the blood sugar to the protocol by 1 when the blood sugar mp), with any interview on the blood sugar to the protocol by 1 when the b	5/7/14 at 5:15 pm, Nurse #1 id he reevaluate Resident #1's cility protocol on 3/14/14 after m, which resulted 54, stated aswer the question, however, ert and confused upon I services arrival. He mally such follow-up be reflected in his nurse's note, he could not attest to what disugar was after he checked it to other interventions he mergency medial services ity. 5/8/14 at 10:23 am, the director at she expected Resident #1's e been rechecked per the Nurse #1 within 30 minutes gar was assessed at 54 (2:26 ventions provided to be dical record.	F 30			6/18/14
	assurance committ nursing services; a facility; and at least facility's staff. The quality assessi committee meets a issues with respect	ntain a quality assessment and ee consisting of the director of physician designated by the 3 other members of the ment and assurance t least quarterly to identify to which quality assessment vities are necessary; and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345481			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		B. WING				C 05/08/2014		
NAME OF PROVIDER OR SUPPLIER WOODLANDS NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC 28301				30/2014	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	(X5) COMPLETION DATE		
F 520	A State or the Secudisclosure of the reexcept insofar as s compliance of such requirements of this Good faith attempts and correct quality a basis for sanction. This REQUIREMED by: Based on record refacility failed to ider correction as part of assurance that pretransmitting resider texting format from phones to the phys personal cell phone (Resident #1, #2, # included: A review of the faci program policy date part of the facility's performance impro	ements appropriate plans of entified quality deficiencies. retary may not require cords of such committee uch disclosure is related to the committee with the s section. s by the committee to identify deficiencies will not be used as	F 5	Nu info was imn poli faci and resi Nur A D imp Med All I the had	arse #1 with resident identifying promation on his personal cell phase instructed to delete the information of the personal was in-serviced of the information of the personnel had the secure methods of relaying ident information by the Directorsing on 05/07/14. Directed Plan of Correction was posed by Centers For Medicare dicaid Services (CMS). Ilicensed nursing staff were call Director of Nursing and asked it resident identifying information in cell phones. All licensed nursing staff were call the interest of the intere	nation on the on the andbook g or of & ed by if they n on		
	knows the process Cross reference F observations and s allowed residents' r	, 2) organize a team that " 164. Based on record review, taff interviews, the facility medical information to be a format from staff members'		ider wer con on (All	ff were instructed to delete any ntifying information immediately re informed they were violating npany policy, by the Director of 05/07/14. previously employed licensed re ff and certified nursing assistan	y, and Nursing nursing		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED		
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		345481	B. WING				05/08/2014	
NAME OF I	PROVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIP CODE			
WOODL	ANDS NIIDSING & D	EHABILITATION CENTER		400 PE	ELT DRIVE			
WOODL	ANDS NURSING & K	EHABILITATION CENTER		FAYE	TTEVILLE, NC 28301			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG) BE	(X5) COMPLETION DATE	
F 520	Continued From page 13			520				
1 320	private cell phones assistant's person residents (Resider #7). Refer to F 164 of deficiencies) for federal deficiency. In an interview on administrator, acconursing and the quadministrator when awareness that the communicating refrom their personal messaging (includinformation that ide the physician and personal cell phon that she was awar that the facility scaphysician's person questioned how of committee met she included the direct assurance nurse in added that the physician and prior discussion, in part of their quality were sending residual personal and facili quality assurance	to the physician and physician al cell phones for 7 out of 7 at #1, #2, #3, #4, #5, #6 and 4 on the CMS-2567 (statement the details of this particular and investigation. 5/7/14 at 2:50 pm, the ompanied by the director of tality assurance nurse; the nequestioned regarding her efacility staff was sidents' medical information I cell phones through text ing pictures of medical entified specific residents) to physician assistant (PA) es, the administrator stated to of the practice that anything nned goes directly to the al cell phone. When ten the quality assurance (QA) es aid "monthly", which or of nursing and the quality on each meeting. The DON resician is present quarterly in The administrator to date, there had been no or had they self identified as assurance that the facility staff dents' medical information idents' name, diagnoses, ab information, to the physician cell phone, from the staff 's ty cell phone in text format. The nurse when questioned	FS	go ex tak ins ch pro he im All reg factors of A I im Me by on inf or let rel to Du will Address co	oing back to 2012, were sent a lead plaining the violation and the step laining the violation and the step laining the previous employees the their personal electronic devotected health information of respectively the facility immediately if programmediately. I Staff in-serviced on the policy garding cell phone use while in the cility and secure methods of relastident information by the Director cursing and the Assistant Director cursing, on 05/07/14. No staff me all be allowed to work until the completion of the in-service on cell cage in the facility and secure methods of relaying resident information. Directed Plan of Correction was apposed by Centers For Medicare dedicaid Services (CMS). In the Administrator via telephone of the Administrator via telephone of the Administrator via telephone of the Helphone verbally. A foll of the referencing the secured method of reformation are e-mail, fax, face to on the telephone verbally. A foll of the secured method of the secured m	ps ell as ell as et to vices for idents, tected delete it ne ying r of of mber I phone ethods & ecure nation verbally elaying face, ow-up nods of nailed eview, it y of eans of		
PRÉFIX TAG	Continued From p private cell phones assistant's personaresidents (Resider #7). Refer to F 164 of deficiencies) for federal deficiency. In an interview on administrator, accounting and the quadministrator when awareness that the communicating refrom their personal messaging (includinformation that ide the physician and personal cell phone that she was awar that the facility scaphysician's personal questioned how of committee met she included the direct assurance nurse in added that the phythe QA meetings, acknowledged that prior discussion, neart of their quality were sending reside which included reside medications and late and PA's personal personal and facility quality assurance indicated that she assurance docume	age 13 at to the physician and physician al cell phones for 7 out of 7 at #1, #2, #3, #4, #5, #6 and 4 on the CMS-2567 (statement the details of this particular and investigation. 5/7/14 at 2:50 pm, the ompanied by the director of ality assurance nurse; the n questioned regarding her a facility staff was sidents' medical information I cell phones through text ing pictures of medical entified specific residents) to obysician assistant (PA) es, the administrator stated a of the practice that anything nned goes directly to the al cell phone. When ten the quality assurance (QA) as said "monthly", which or of nursing and the quality n each meeting. The DON ascician is present quarterly in The administrator at to date, there had been no or had they self identified as assurance that the facility staff dents' medical information idents' name, diagnoses, ab information, to the physician cell phone, from the staff 's ty cell phone in text format. The	PREFI	go ex tak insich pro no he im All regions of A I will co us of A I im Me by on inf or let to Du wild resion co income in the co income in the control of the	ping back to 2012, were sent a lest plaining the violation and the steeken to correct the violation, as we structing the previous employees teck their personal electronic devotected health information of rest path information is found and to eath information by the policy garding cell phone use while in the cility and secure methods of relastident information by the Director cursing and the Assistant Director cursing, on 05/07/14. No staff methods in the facility and secure methods of relasting in the facility and secure methods of relating resident information. Directed Plan of Correction was apposed by Centers For Medicare redicaid Services (CMS). In the Administrator via telephone of 05/07/14. Secure methods of reformation are e-mail, fax, face to on the telephone verbally. A follower than the formation are e-mail, fax, face to on the telephone verbally. A follower referencing the secured method in the secured method of the secured method o	tter ps ell as a to vices for idents, tected delete it ne ying r of of mber I phone ethods & ecure nation verbally elaying face, ow-up nods of nailed eview, it y of eans of o one cility	COMI	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
345481		B. WING			C 05/08/2014		
NAME OF PROVIDER OR SUPPLIER WOODLANDS NURSING & REHABILITATION CENTER				40	REET ADDRESS, CITY, STATE, ZIP CODE OPELT DRIVE AYETTEVILLE, NC 28301		
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F 520	correction until man today. The administ expectation was the immediately. In an interview on accompanied by N she had transmitter information to the presonal cell phone indicated that this work of communication residents. Nurse #2 she had also sent plab values (no specific which included residents along with the labs that the DON and the were aware that she this manner prior to instructed by either questioned how lor notified the administration.	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 correction until made aware of the concerns today. The administrator concluded that her expectation was that this practice would stop		PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPI		hrough f eeks, time ercent r for 3 ration nth, s, then nd as rance ttee (Root sue eded. ations, ne d nutes. ent) staff	