STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

Carolina Rehab Center of Cumberland

STREET ADDRESS, CITY, STATE, ZIP CODE

4600 Cumberland Road, Fayetteville, NC 28306

ID PREFIX TAG

F 309 SS=D

SUMMARY STATEMENT OF DEFICIENCIES

483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interviews, the facility failed to provide enteral nutrition (a way to provide food through a tube placed in the stomach) as ordered for 1 of 1 resident reviewed for tube feeding (Resident #1). Findings included:

- Resident #1 was admitted into the facility on 2/6/15. Diagnoses included Gastrostomy Tube (G-Tube), Depression, Diabetes, Hypercholesterolemia (elevated cholesterol in the blood) and Hypertension. The Minimum Data Set was in progress.
- The FL2 (level of care screen tool) created on 2/6/14 indicated the resident's mental status was intermittent to person, however not oriented to place or time, and was totally dependent with ambulation, transfers and eating. Special nutritional needs was indicated with a feeding tube and a therapeutic diet: Glucerna 1.2 liters = 0-4 ml (milliliters) with a goal rate 60 ml/hour.
- Review of the admission alert sheet dated 2/6/15 read "Peg Glucerna 1.2." A peg refers to a feeding tube placed through the abdominal wall into the stomach, to allow nutrition to be administered directly into the stomach.
- A review of the nurses notes dated 2/6/15 at 3:39 pm Nurse #1 documented "Resident admitted,

The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.

F309 How corrective action will be accomplished for those residents found to have been affected by the deficient practice?

Resident #1 has been discharged.

02/13/2015

How corrective action will be accomplished for those residents having potential to be affected by the same
orders verified." On 2/7/15 at 10:33 pm the nurse notes read "You have entered an order: Glucerna 1.2 Cal 120 ml via gastrostomy tube (tube in stomach) every four hours for diet." At 10:36 pm, Nurse #1 documented "Bolus feeding provided." A review of the physician order summary report dated 2/7/15 revealed an active phone order that directed to give "Glucerna 1.2 Cal liquid (240 ml) via tube every 4 hours for diet." The start date was indicated as 2/8/15. A review of the nurses notes dated 2/8/15 at 3:02 pm, Nurse #1 documented "Bolus tube feedings given as ordered." On 2/9/15 at 4:42 pm, Nurse #1 documented "No pump available." A review of the physician order summary further revealed a discontinued verbal order that directed on 2/9/15 "Enteral feed - Provide patient with Glucerna 1.2 at 65 ml/hour continuously." A review of the care plan initiated on 2/9/15 in part read "The resident requires tube feeding (G-Tube). Intervention: Provide tube feeding per physician order." The Registered Dietitian documented as part of her assessment on 2/10/15 "Glucerna 1.2 240 ml every four hours due to pump not available. Patient is tolerating bolus feeding per nursing report. Once pump is received, feedings will be Glucerna 1.2 65 cc (ml)/hour continuously." A review of the medication administration record (MAR) revealed the following:

1. An order date 2/7/15 at 10:31 pm. Discontinued date 2/7/15 at 10:35 pm "Glucerna 1.2 Cal liquid (nutritional supplement) 120 ml via G-Tube every four hours for diet."
2. An order date 2/7/15 at 10:35 pm for Glucerna 1.2 Cal liquid (nutritional supplements) to be administered 240 ml via G-Tube every four hours for diet. The MAR did not reflect Resident #1 received enteral nutrition feedings on 2/6/15.
### Statement of Deficiencies and Plan of Correction

#### NAME OF PROVIDER OR SUPPLIER
CAROLINA REHAB CENTER OF CUMBERLAND  
4600 CUMBERLAND ROAD  
FAYETTEVILLE, NC  28306

#### Date Survey Completed
02/11/2015

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 309</td>
<td>Continued From page 2 (after admission into the facility) and 2/7/15 (except at 10:36 pm per the nurse note). Nurse #1 who documented on 2/6/15 at 3:39 pm Resident #1's orders were verified was not available on 2/10/15 or 2/11/15 to be interviewed. In an interview on 2/11/15 at 11:13 am, the interim Director of Nursing stated she expected orders to have been clarified so the resident could have received enteral feeding as soon as possible, after admission. The DON further provided a sticky note, which reflected Nurse #2 was the primary nurse for Resident #1 on 2/6, 2/7/15 from 7 pm - 7 am. The sticky note also indicated Nurse #1 was the nurse on 2/7/15 from 7am - 11 pm. In an interview on 2/11/15 at 11:53 am, Nurse #2 stated if she administered tube feedings to the resident while under her care, such would be reflected on the MAR.</td>
<td>F 309</td>
<td>How the facility plans to monitor its performance to make sure that solutions are sustained: The admission audit tool will be reviewed in the morning meeting 5 times per week times 4 weeks, 1 time per week times 4 weeks, monthly times 3 months, quarterly times 3 quarters and as needed. 03/08/2015 Audit results will be reviewed in QA monthly times 3 months, quarterly times 3 quarters and as needed. 03/08/2015 Facility Dietitian audit results will be reviewed in QA monthly times 3 months, quarterly time 3 quarters and as needed. 03/08/2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>