STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345505	A. BUILDING _____ B. WING _____	C 01/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA REHAB CENTER OF CUMBERLAND	4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306

(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) COMPLETION DATE
F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey. Event ID # 8ZQ711.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the	F 609	The statements included are not an	1/29/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/24/2019

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F 609	Continued From page 1 facility failed to notify the State Survey Agency within the required timeframe 24-hour and 5-working day timeframe of an allegations of abuse for 1 of 3 residents with abuse investigations (Resident #5). The findings included: Resident #5 was admitted to the facility on 10/10/18 with diagnoses of dislocation of left ankle joint, dislocation of left thumb, muscle weakness, difficulty in walking, hypertension, hyperlipidemia and diabetes. A review of the admission Minimum Data Set (MDS) dated10/17/18 indicated Resident #5 was cognitively intact for daily decision making. Review of a Concern Report dated 11/05/18 at an unknown time revealed Resident #5 reported an allegation of diversion of her medication by Nurse #1. The Administrator received the concern and an investigation was conducted. During an interview with the current Director of Nurses on 01/03/19 at 12:50 PM, she revealed it was her expectation all allegations of diversion of medications be immediately reported and investigated according to the facility's policy. During an interview with the Administrator on 01/03/19 at 3:00 PM, she revealed no 24-hour or 5-working day report had been filed for Resident #5 concern. She explained, the concern was investigated by the Acting Director of Nursing on 11/05/18. She stated the facility conducted their investigation and it was not substantiated. She stated she did not feel it was reportable since the alleged concern was not substantiated.	F 609	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 centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. F609 How corrective action will be accomplished for those residents found to have been affected by the deficient practice; A 24-hour and 5-working day report was submitted to the state survey agency on 01/21/2019 for an allegation of misappropriation of resident property for resident #5 for notification. How corrective action will be accomplished for those residents having potential to be affected by the same deficient practice; All service concerns were reviewed for any alleged violations of abuse, or misappropriation of resident property. 01/24/2019 What measures will be put in place or systemic changes made to ensure that the deficient practice will not occur; All Department managers and Administrative staff were in serviced by	

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F 609	Continued From page 2 Nurse #1 was no longer employed at the facility. Telephone attempts to contact Nurse #1 on 01/03/19 and 01/04/19 were unsuccessful. A telephone interview was conducted on 01/04/19 at 1:31 PM with the Acting Director of Nursing (DON). She stated on the morning of 11/05/18 Resident #5 filed a concern of not receiving her correct medication from Nurse #1. The Acting DON reported to the Administrator the alleged concern and the investigation was conducted. The Acting Director of Nursing explained after reviews of pharmacy logs, medication administration records, interviews with staff, and residents, the alleged allegation was not substantiated. She confirmed she never filed the 24-hour and the 5-day report since there was no discrepancies report filed.	F 609	the Nurse Consultant on policy and procedure for reporting allegations of misappropriation of resident property. 01/24/2019 Service Concerns will be audited by the administrator monthly times 3 months, then quarterly times 1 quarter for any allegations of misappropriation of resident property. How the facility plans to monitor its performance to make sure the solutions are sustained; Results of the audits will be reviewed in the QAPI meeting quarterly x 2 quarters. Administrator responsible for POC, compliance date 01/29/19	