

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

PRINTED: 03/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345234	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/04/2020
NAME OF PROVIDER OR SUPPLIER LUMBERTON HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 WILLIS AVENUE LUMBERTON, NC 28358	
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F 000	INITIAL COMMENTS	F 000		
F 697 SS=D	<p>Pain Management CFR(s): 483.25(k)</p> <p>§483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on nurse practitioner (NP) interview, staff interview, and record review the facility failed to assess a resident's pain and seek physician assistance for 1 of 1 sampled residents (Resident #1) who reported unrelieved pain to the nursing staff. Findings included: Record review revealed Resident #1 was admitted to the facility on 01/08/20. The resident's documented diagnoses included lumbar disc degeneration, radiculopathy (inflammation of a nerve root in the spine), spinal stenosis, right side sciatica, peripheral neuropathy, and cerebrovascular accident (CVA). Review of Resident #1's 01/08/20 admission orders revealed the physician ordered the resident to receive acetaminophen (Tylenol) 650 milligrams (mg) every four hours as needed for mild pain, enteric coated aspirin 81 mg daily for CVA, and gabapentin (Neurontin) 600 mg every eight hours for peripheral neuropathy. The Neurontin was scheduled to be administered at</p>	F 697	<p>Preparation and/or execution of this Plan of Correction does not constitute admission by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies. This plan of correction is solely prepared because it is required by the provision of the Federal and State Law.</p> <p>Resident #1 was admitted with diagnoses including lumbar disc degeneration, radiculopathy, spinal stenosis, right sided sciatica, peripheral neuropathy, and cerebral vascular accident. Resident #1 was experiencing pain on 1/24/20 at 2350. Resident #1 received Tylenol 650 milligrams on 1/24/20 at 1942 and on 1/25/20 at 0218. Resident #1 was sent to the emergency department on 1/25/20 at 2130 for elevated temperature. Licensed Nurse #1 was provided one to one education on 2/12/20 by the Director of Nursing on effective pain management</p>	2/24/20

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

TITLE

(X6) DATE

Electronically Signed

02/14/2020

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 697	<p>Continued From page 1</p> <p>6:00 AM, 2:00 PM, and 10:00 PM on the resident's medication administration record (MAR).</p> <p>On 01/10/20 the resident's care plan identified "(Resident #1) has pain r/t (in regard to) reports of pain in right leg, dx (diagnosis) of bone disorder, intervertebral disc degeneration, radiculopathy, spinal stenosis, sciatica, neuropathy" as a problem. Interventions to this problem included, "Administer medication as ordered. Evaluate the effectiveness of pain interventions. Review for compliance, alleviating of symptoms, dosing schedules and resident satisfaction with results, impact on functional ability and impact on cognition. Notify physician if interventions are unsuccessful or if current complaint is a significant change from residents past experience of pain."</p> <p>The resident's 01/15/20 admission minimum data set (MDS) documented his cognition was intact, he exhibited no behaviors including resistance to care, he required extensive assistance from staff with bed mobility/transfers/dressing/hygiene, and was dependent on staff for toileting and bathing, he was receiving scheduled pain medication, he was receiving prn (as needed) pain medication, he had experienced occasional pain in the last 5 days which had not affected his sleep or day-to-day activities, and his worst pain was moderate in intensity.</p> <p>On 01/21/20 the resident's care plan identified "(Resident #1) has dx of spinal stenosis, degenerative disc disease, and lumbar radiculopathy which causes weakness in legs and pain" as a problem. Interventions to this problem included, "Give analgesics as ordered by the</p>	F 697	<p>including assessing pain for verbal and nonverbal residents, signs and symptoms of pain, re-assessing pain after administration of PRN/as needed analgesics and seeking provider assistance for unrelieved pain.</p> <p>All residents residing in the facility have the potential to voice pain or exhibit signs of pain, therefore have the potential to be affected.</p> <p>To ensure that deficient practice will not recur, the facility will conduct baseline interviews for all current residents with BIMS score of 8-15 between 2/13/20-2/20/2020 by the Director of Nursing, Unit Coordinators, and/or MDS nurses to assess any potential unresolved pain. Pain assessments for all remaining residents will be completed between 2/13/20-2/20/2020 by the Director of Nursing, Unit Coordinators, and/or MDS nurses to assess for any potential unresolved pain. These interviews and pain assessments will be completed by 2/21/2020. Any identified unresolved pain issues will be communicated by the unit coordinators to the provider to ensure pain management is achieved to the resident's satisfaction. Newly admitted residents will have their pain assessed during the baseline care plan and unresolved pain issues will be communicated to the provider by the Director of Nursing or Unit Coordinators.</p> <p>Beginning the week of 2/24/2020, weekly audits to assess adequate pain</p>		

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F 697	<p>Continued From page 2</p> <p>physician. Observe and document for side effects and effectiveness."</p> <p>A 01/23/20 physician order documented Resident #1 was to receive acetaminophen (Tylenol) 650 mg nightly at bedtime for pain. The nightly Tylenol was scheduled to be administered at 9:00 PM on the resident's MAR.</p> <p>A 01/24/20 physician order documented Resident #1 was to receive cyclobenzaprine HCL (Flexeril) 5 mg nightly at bedtime for muscle spasms/back pain. The nightly Flexeril was scheduled to be administered at 8:00 PM on the resident's MAR.</p> <p>Resident #1's MAR documented he received prn Tylenol on 01/24/20 at 7:42 PM. It was also documented the resident received his scheduled nightly Tylenol, Flexeril, and Neurontin on 01/24/20.</p> <p>A 01/24/20 10:20 PM electronic-MAR note documented Resident #1's prn dose of Tylenol was effective, and the resident was without pain.</p> <p>In a 01/25/20 4:52 AM progress note Nurse #1 documented, "RsdT (Resident #1) continues to call R/P (responsible party) telling her that he has not received his pain med, R/P called as writer was receiving report from off-going nurse whom was in progress of telling writer she had given rsdt pain med @ (at) 10:20 PM. Writer shared that information with R/P ended conversation and proceeded to continue receiving report. RsdT was informed with off-going nurse as witness that he could not receive anymore Tylenol until 2:20 AM...."</p> <p>During a telephone interview with Nurse #1 on</p>	F 697	<p>management will be conducted by the Director of Nursing, Assistant Director of Nursing, and/or Unit Coordinators for 12 weeks to include:</p> <p>Weeks 1-4 a sample of 15 total residents will be reviewed. This will include reviewing 5 MDS sections related to pain and interviewing 10 residents with BIMS scores of 8-15 to assess for unresolved pain issues.</p> <p>Weeks 5-8 a sample of 10 residents will be reviewed. This will include reviewing 5 MDS sections related to pain and interviewing 5 residents with BIMS scores of 8-15 to assess for unresolved pain issues.</p> <p>Weeks 9-12 a sample of 5 total residents will be reviewed. This will include alternating review of MDS sections related to pain and interviewing residents with BIMS scores of 8-15 to assess for unresolved pain issues.</p> <p>Any identified unresolved pain issues will be communicated to the provider by the Director of Nursing or Unit Coordinators to ensure pain management is achieved to the resident's satisfaction.</p> <p>The Staff Development Coordinator/DON initiated education to the Licensed Nurses on effective pain management including assessing pain for verbal and nonverbal residents, signs and symptoms of pain, re-assessing pain after administration of PRN/as needed analgesics and seeking provider assistance for unrelieved pain. Any licensed nurse that has not received the education by 2/21/2020 will not be permitted to provide resident care until the</p>		

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F 697	Continued From page 3 02/04/20 at 11:50 AM she stated she worked from 11:00 PM on 01/24/20 until 7:00 AM on 01/25/20. She reported she had just walked in the door and clocked in when Resident #1's family member was calling on the phone wanting to know why the resident had not received pain medication when he was still in pain. She stated she asked Nurse #2, who was still passing medications on the hall, what was going on. She commented Nurse #2 reported she had just given the resident Tylenol at 10:20 PM, and he could not get more until 2:20 AM. According to Nurse #1 she received report from Nurse #2, and they counted controlled medications. She stated when she got to Resident #1's room on her first round it was about 11:30 PM, and the resident stated he was still hurting. Nurse #1 reported the resident did not volunteer and she did not ask about the intensity of his pain or about the duration of his pain. She commented she encouraged the resident to relax, and give the medication he received earlier time to kick in. According to Nurse #1, the next time she checked on the resident he was asleep at 2:20 AM on 01/25/20. She explained normally she would not wake a resident to give prn pain medications if they were asleep, but because of the resident's earlier concerns about unrelieved pain, she administered more Tylenol at 2:20 AM. However, she commented it took her calling the resident's name three times before he awoke. Nurse #1 reported Resident #1 did not appear to be in pain when he was awakened. However, on 01/25/20 at 2:18 AM she documented his pain level at 7 on a scale of 1 - 10 (1 being the least intense pain and 10 being the most intense pain). She commented with Tylenol she usually reassessed for effectiveness an hour after administration. (In a 01/25/20 5:00 AM electronic-MAR note Nurse #1 documented the	F 697	education is complete. During classroom orientation, the Staff Development Coordinator will provide education to the newly hired Licensed Nurses on effective pain management including assessing pain for verbal and nonverbal residents, signs and symptoms of pain, re-assessing pain after administration of PRN/as needed analgesics and seeking provider assistance for unrelieved pain. To monitor performance to ensure that solutions are sustained, beginning the week of 2/24/2020, the facility will complete weekly audits to assess adequate pain management. The audits will be conducted by the Director of Nursing, Assistance Director of Nursing, and/or Unit Coordinators for 12 weeks to include: Weeks 1-4 a sample of 15 total residents will be reviewed. This will include reviewing 5 MDS sections related to pain and interviewing 10 residents with BIMS scores of 8-15 to assess for unresolved pain issues. Weeks 5-8 a sample of 10 residents will be reviewed. This will include reviewing 5 MDS sections related to pain and interviewing 5 residents with BIMS scores of 8-15 to assess for unresolved pain issues. Weeks 9-12 a sample of 5 total residents will be reviewed. This will include alternating review of MDS sections related to pain and interviewing residents with		

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F 697	<p>Continued From page 4</p> <p>2:20 AM dose of prn Tylenol was effective with the residents pain level at 1 on a scale of 1 - 10).</p> <p>During a telephone interview with Nurse #2 on 02/04/20 at 3:27 PM she stated she was behind in administering her medications on second shift 01/24/20. She reported she was still passing medications when the third shift nurse arrived on 01/24/20. She commented she recalled Resident #1 asking for prn pain medication early evening on 01/24/20 (documenting his pain at 4 on a 1 - 10 scale on 01/24/20 at 7:42 PM). She could not recall when later that night she provided the resident with his dose of newly scheduled Tylenol. She commented Resident #1 had a tendency to call family when he was in pain rather than telling facility staff, and even when the resident reported intense pain he did not show any physical indications of the intensity.</p> <p>During an interview with Nurse Practitioner (NP) #1 on 02/04/20 at 1:27 PM she stated the nursing staff reported that Resident #1 was expressing complaints about increased pain at night so bedtime doses of scheduled Tylenol and Flexeril were ordered for the resident. She reported when residents expressed concerns about unrelieved pain she expected the nurses to contact the primary physician or on-call physician with information about the location of the pain, the intensity of the pain, the duration of the pain, etc so that assistance could be provided to get the pain under control. The NP commented she wondered if Nurse #2 was behind in administering her medications on 01/24/20, and she actually did not give Resident #1 his scheduled Tylenol until 10:20 PM (although the hour of administration documented on the MAR was 9:00 PM) when she also documented that</p>	F 697	<p>BIMS scores of 8-15 to assess for unresolved pain issues.</p> <p>Any identified unresolved pain issues will be communicated to the provider by the Director of Nursing or Unit Coordinators to ensure pain management is achieved to the resident's satisfaction.</p> <p>The Director of Nursing will report finding of the pain management audits monthly to the Quality Assurance Performance Improvement (QAPI) Committee monthly for three months for tracking and trending purposes with all follow up action and recommendations including any additional systemic change or education if needed. After three months of reviewing the audits for sustained compliance, the QAPI Committee will determine ongoing need to review the pain management audits.</p> <p>Date of Compliance February 24, 2020 Person responsible for Plan of Correction: Anna Williamson, Director of Nursing</p>		

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F 697	<p>Continued From page 5</p> <p>the resident's 7:42 PM dose of prn Tylenol was effective. If so, she stated this would explain why Resident #1 was experiencing unrelieved pain since the cascade of medications meant to provide pain relief to the resident had been interrupted.</p> <p>During an interview with Resident #1 on 02/04/20 at 3:55 PM he stated he was experiencing intense back pain on 01/24/20 late evening about an hour before shift change at 11:00 PM. He reported his pain reached 8 on a scale of 1 - 10. He commented a nurse told him he needed to give the medications he had already received time to kick in and that he could not receive any more Tylenol until 2:20 AM on 01/25/20. According to Resident #1, he began to relax a little after midnight, and he thought he fell asleep.</p> <p>During an interview with the Director of Nursing (DON) on 02/04/20 at 4:05 PM she stated when residents reported unrelieved pain an assessment of their pain needed to be conducted, and a physician should be contacted to help the facility get the resident's pain under control.</p>	F 697			