PRINTED: 03/25/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345505	B. WING _			l	C 05/2025
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	03/2023
				4	600 CUMBERLAND ROAD		
CAROLIN	A REHAB CENTER OF C	UMBERLAND		F	AYETTEVILLE, NC 28306		
(X4) ID		ATEMENT OF DEFICIENCIES	·-		PROVIDER'S PLAN OF CORRECTION	_	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
	from 03/04/25 throug _S6TJ11 The follow investigated NC0022						
	1 of the 7 complaint a deficiency.	llegations resulted in a					
F 684	_		F 6	684			3/13/25
SS=G	•		. `				0,10,20
	applies to all treatment facility residents. Bas assessment of a resident residents receive accordance with professoratice, the comprehater plan, and the resident REQUIREMENT by: Based on record revious Practitioner and	ndamental principle that nt and care provided to ed on the comprehensive dent, the facility must ensure treatment and care in essional standards of ensive person-centered sidents' choices. is not met as evidenced ew, and staff, Wound Care d Podiatrist interviews, the			The facility sets forth the following plan	ı all	
	with the resident's Powere met when a resionders regarding care the right heel. The suremoved, and no treat Podiatrist visit on 1/13 significantly macerate and broken down due had extended laterally Podiatrist #1 saw Resistanted oral antibiotics.	d (skin had become soft to prolonged moisture) that			federal and state regulations. The faci has taken or will take the actions set for in the plan of correction. The following plan of correction constitutes the facility allegation of compliance. All deficienci cited have been or will be corrected by date or dates indicated. Tag: Quality of Care F684 Resident #4 1. What was done immediately for the problem identified Resident #4	rth y□s es the	
ARODATORY		SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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

03/12/2025

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.

Electronically Signed

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NAME OF F	NOVIDER OR SUFFLIER							
CAROLINA	A REHAB CENTER OF	CUMBERLAND			600 CUMBERLAND ROAD			
				-	AYETTEVILLE, NC 28306			
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F 684	Continued From pag	ge 1	F	684				
	1/15/25 and change	ed the treatment orders to the			discharged from facility on 1/27/25,			
		rist #1 saw Resident #4 again			therefore there was no resident			
		ted him on another antibiotic			intervention when POC was completed	l.		
	along with continuin	g the first antibiotic. On			2. How were other residents that had the			
		was seen by Podiatrist #1			potential to be affected by the problem			
	and sent him to the	Emergency Room for			identified			
		hospital for a bone biopsy and			All residents with surgical wounds that			
	possible surgery du	e to infection at the surgical			were admitted in the past 30 days were	•		
	site. Resident #4 re	equired two surgeries to			identified and a chart audit was comple	eted		
		rdware from the right ankle			by director of nursing on 3/11/25 to ens	sure		
and intravenous antibiotics for the infection. This was for 1 of 2 residents reviewed for wound care					wound care orders were in place. Any			
				other areas were corrected with no				
	(Resident #4).				negative findings.			
					3. Education □ what was done to prev	ent		
	Findings included:				reoccurrence			
	A	A # 41 - 1 : 4 - 1 - 1 : 1			100% of all licensed nursing staff			
		nt #4's hospital discharge			completed education on 3/11/25 and			
		ed an order for non-weight ower extremity, a follow-up			3/12/2025 by director of nursing that an resident that comes into the facility with			
		odiatry scheduled for 1/2/25,			surgical wound must have a treatment			
		d regarding care of the			order for the wound. If the resident doe			
	surgical incision or	•			not come with orders, the nurse must o			
	ourgiour moloion or c	son odot.			the surgeon to obtain wound care orde			
	A review of Residen	nt #4's facility admission			If the nurse is unable to reach the			
		order dated 12/27/24 for a			surgeon □s office, the nurse should the	n		
	wound consultation	as needed.			proceed to obtain wound care orders fi			
					the facility MD.			
	Resident #4 was ad	lmitted into the facility on			Any licensed nursing staff who have no	ot		
	12/27/24 with diagn	oses of a right calcaneus			received the education will not work un	til		
		e (a severe break of the heel			completed.			
	bone that shatters in	nto multiple pieces) status			All newly hired licensed personnel will			
		internal fixation surgery with			receive this education during classroor			
		hrodesis (permanently joining			orientation prior to working on the floor			
	•	cts the ankle bone to the heel			4. How is this going to be monitored			
	bone), diabetes and	l peripheral vascular disease.			ongoing			
					During the clinical meeting, all new	_		
		nt #4's comprehensive care			admissions will be reviewed by directo			
		l included a focus problem of n interventions of notify			nursing or designee to include ensuring that all surgical wounds have orders in			

Facility ID: 980423

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		345505	B. WING _		03	/05/2025	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C			
04501111	A DELLAD OFNITED OF	CUMPERI AND		4600 CUMBERLAND ROAD			
CAROLINA	A REHAB CENTER OF	CUMBERLAND		FAYETTEVILLE, NC 28306			
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHO		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 684	improvement or de ordered. A focus prulcers related to chincontinence with ir resident for risk of sclean and dry as possible as indicated. On 12 surgical wound to hat risk for infection with interventions cobserve surgical sit redness/infection, sand treatment as oproblem of noncombearing status and added with interventry to calm, provide benefits of following. A review of Resider record included procare Nurse Practitic Resident #4 had a right lower leg and request, monitor fodrainage or infection changes right away place and there was noted today upon a A review of Resided Data Set dated 1/3 speech, was under and was cognitively no rejection of care	ted, observe area for signs of cline, and treatment as oblem of a risk for pressure ronic health conditions and interventions of assessing skin breakdown, keep skin obssible, and skin assessments 2/30/24 A focus problem of a nis right lower extremity and is and complications was added of notify physician as indicated, the for signs and symptoms of surgeon follow-up as indicated, redered. On 1/2/25 a focus apliance related to weight getting up unassisted was notions of listen to resident and repeat education of risk and grees notes by the Wound oner dated 12/30/24 noted full thickness surgical area on documented per Surgeon's resigns/symptoms of increased on and notify Surgeon of any and to keep post op wrap in sen o evidence of infection assessment. Int #4's admission Minimum and the clear stood and able to understand and impairment on one side	F	place. Audits will be completed weekly x4 weeks, 3x weekl and weekly x4 weeks. 5. QA statement The results will be reported Quality Committee for revied discussion to ensure substate compliance. Once the QA of determines the problem not then review will be completed random basis. 6. Date of compliance: 3/13	eted 5 times ly x4 weeks, I to the monthly ew and antial Committee longer exists, ted on a		
	A review of Resider record included pro Care Nurse Practiti Resident #4 had a right lower leg and request, monitor fo drainage or infection changes right away place and there was noted today upon a A review of Resider Data Set dated 1/3 speech, was under and was cognitively no rejection of care of a lower extremity mobility. He had or	g weight bearing status. Int #4's electronic medical ogress notes by the Wound oner dated 12/30/24 noted full thickness surgical area on documented per Surgeon's r signs/symptoms of increased on and notify Surgeon of any and to keep post op wrap in s no evidence of infection assessment. Int #4's admission Minimum /25 indicated he had clear stood and able to understand a intact. He had no behaviors,					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION G	(X3) DATE S COMPL	
		345505	B. WING		03/0	5/2025
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	03/0	3/2023
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CAROLIN	A REHAB CENTER OF C	UMBERLAND		FAYETTEVILLE, NC 28306		
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F 684	Continued From pag	e 3	F 6	84		
		had received physical and occupational therapy for 5				
	record included prog Care Nurse Practition Resident #4 had a fu right lower leg and do request, monitor for s drainage or infection changes right away a	#4's electronic medical ress notes by the Wound her dated 1/6/25, noted II thickness surgical area on ocumented per Surgeon's signs/symptoms of increased and notify Surgeon of any and to keep post operative ere was no evidence of upon assessment.				
	record included prog Care Nurse Practition and 1/27/25 indicated #4 due to him being of A telephone interview Practitioner on 3/4/25 she had not removed incision because she replace an orthopedi- direction to remove the due to previous expe- soft cast until Reside podiatrist. She stated no orders to remove revealed that she had in regard to the care removal of the soft care resident was seen by find the lack of treatment.	with the Wound Care Nurse of at 3:31 PM revealed that I the soft cast to inspect the does not carry supplies to c cast and she had no ne cast, so she defaulted, rience, to not removing the nt #4 was seen by the I she was aware there were the soft cast, and she further d not spoken to the podiatrist of the surgical incision or the last. The Wound Care Nurse				

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	ROVIDER OR SUPPLIER	CUMBERLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306		00/00/2020	
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F 684	An interview was co with Nurse #1, who that he received the hospital dressing to Wound Care Nurse explained that after Practitioner sees a email the Wound No he then transcribes sheet after making to and gets approval to He further revealed Podiatrist appointment sident's admission notified by the famile appointment being to insurance issues as motor vehicle accide with the person who insurance to ensured A review of the sprea from the Wound Ca 12/30/24 noted and Nurse Practitioner to wrap in place.	eon request in all of her notes. Inducted on 3/4/25 at 2:00 PM admitted Resident #4, stated order to not change the the right ankle from the Practitioner on 12/29/24. He the Wound Care Nurse Resident he receives via urse Practitioner orders which onto the physician order the resident's physician aware to implement the orders. He was notified of the 1/2/25 the tat the time of the heart was the time of the the rescheduled for 1/13/25 due to the fracture was from a tent and she was still working to caused the accident are payment. Indicated by Nurse #1 and she was still working to caused the accident are payment. Indicated by Nurse #1 are Nurse Practitioner on the word of the from the Wound Care to keep the post operative was the post lated 1/1/25 to keep the post lated 1/1/25 to keep the post	F				
	note dated 1/13/25 the facility had com- since the surgical in there was significan	revealed Resident #4 stated pleted no dressing changes tervention. Podiatrist #1 noted t maceration (skin had oken down due to prolonged					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
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F 684	incision and a press incision was cleaned antiseptic solution-sowell as a compressive to be strictly non-we included an order for a day for 10 days and placed for the facility. Podiatrist #1 wrote to caution Resident #4 colleague on Wednesding change. A review of Resident medical record revertified record revertified with saline and a top solution-soaked gauwrap with gauze and times weekly. A review of Resident administration record 1/13/25 for the right with saline and a top solution-soaked gauwrap with gauze and was completed as of A review of Resident medical record revertified record rever	the lateral extends out of the area on the heel. The all with saline and a topical braked gauze was applied as we dressing. Resident #4 was ightbearing. The note of an antibiotic one tablet twice of wound care orders were of to change the dressing daily. The note of an abundance of was to follow up with his esday for a wound check and the tablet incision to be cleansed brical antiseptic of a treatment order dated the elincision to be cleansed or a treatment dated the elincision to be cleansed or a treatment dated the elincision to be cleansed or antiseptic or apply abdominal pad and the order dated the elincision to be cleansed or antiseptic or apply abdominal pad and the compressive dressing daily ordered. The lateral extends out of the property of the lateral pad and the compressive dressing daily ordered. The lateral extends out of the property of the lateral pad and t	F 6	84			

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(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI) TAG	((EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 684	Continued From pag	ge 6	F 6	584		
	note dated 1/15/25 is complained of pain is sharp with Resident Podiatrist #2 noted is along the central poincision dehiscence. The sutures were in sac) extended plant Podiatrist #2 noted (swelling and rednes #2 cleansed the sur topical antiseptic so Podiatrist #2 wrote is to the incision and mantiseptic solution do prevent dehiscen remain absolutely note in the incision of the incision and mantiseptic solution do the incision and mantiseptic	t #4's Podiatrist #2's progress indicated Resident #4 to the right foot which was #4 rating the pain as severe. There was mild maceration rition of the incision with no (splitting or bursting open). The tact and a bullae (fluid filled arly (sole of the foot). The dedma and erythema ses) to the right foot. Podiatrist gical site with saline and a lution-soaked gauze. Resident #4 has maceration recommended a topical ressing change every 2 days to and Resident #4 was to con-weightbearing to the right wrote Resident #4 was to see eek.				
	medical record reve 1/15/25 for the right with saline and a top solution-soaked gau	t #4's facility electronic aled a treatment order dated heel incision to be cleansed bical antiseptic lize apply abdominal pad and d compressive dressing every				
	treatment for the rig cleansed with saline solution-soaked gau wrap with gauze and two days was comp A review of Residen	d noted a dated 1/15/25 ht heel incision to be and a topical antiseptic lize apply abdominal pad and d compressive dressing every				

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F 684	confirmed he was ta On examination of the Podiatrist #1 noted the maceration along the incision. Podiatrist # (a tool used to deter but not to bone or has Podiatrist #1 also not the right foot. Podiatrist with saline and a bandage was applied recommendations for saline and a topical be changed daily to Podiatrist #1 also or to be administered of the podiatrist #1	king the prescribed antibiotic. The incision to the right foot the sutures were intact with the central portion of the sutures were intact with the central portion of the sutures were intact with the central portion of the sutures were intact with the central portion of the sutures where and depth in a topical and erythema to the surgical that is the surgical and the surgical antiseptic solution dressing to prevent dehiscence. It was a facility electronic and a treatment order dated the lincision to be cleansed bical antiseptic and surgical antiseptic and surgical and the surg	F			
	at 2:15 PM indicated have been discharge orders for daily dres site. He stated that h	w with Podiatrist #1 on 3/4/25 If that Resident #4 should ed from the hospital with sing changes to the surgical ne was not on duty when charged and was unaware				

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NAME OF P	ROVIDER OR SUPPLIER	0.0000		$\overline{}$	STREET ADDRESS, CITY, STATE, ZIP CODE	03/	05/2025	
TO AVIL OF TH	NOVIDER ON OUT FIELD				4600 CUMBERLAND ROAD			
CAROLIN	A REHAB CENTER OF	CUMBERLAND			FAYETTEVILLE, NC 28306			
				L_'	·		I	
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F 684	regarding dressing of that the facility should what wound care was further stated that with 1/13/25 there was sesignificant maceration line, and he prescrib and orders to clean saline and a topical daily. On 1/15/25 Recolleague who changelean incision site with antiseptic solution evincision dehiscence, indicated he saw Reand noted there was portion of the incision and sent new orders antibiotics and changesurgical site to clean saline and a topical daily. When he saw sent him to the emeradmitted and had two the hardware from the antibiotics for the infinity stated that in his opifor treatment orders admitted the infection earlier. The Podiatris definitively say that to caused the infection incision would have treated sooner if the A review of the Emeralicant in the same and the same and the same and the infection incision would have treated sooner if the A review of the Emeralicant in the same and the	that received any orders shanges. He further indicated and have called and clarified as required. Podiatrist #1 then he saw Resident #4 on the same and the on the side of the incision and an antibiotic for 10 days the incision site daily with antiseptic solution to be done as ident #4 was seen by his ged the wound care orders to a sident #4 was seen by his ged the wound care orders to a sident #4 again on 1/24/25 as maceration along the central and noted edema erythema at to the facility for two different ged the treatment to the antiseptic solution back to Resident #4 on 1/27/25 he agency room, he was so surgeries to remove all of the right ankle and intravenous to surgeries to remove all of the right ankle and intravenous the facility had called when Resident #4 was an would have been caught as the lack of dressing changes but that the changes in the been caught earlier and facility had called for orders.	F	684				
	incision would have treated sooner if the A review of the Eme provider's note dated	been caught earlier and facility had called for orders.						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG		OATE SURVEY OMPLETED
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F 684	Continued From pag		F6	584		
	right heel. Resident office for admission possible surgery due site. The focus examalong the heel and the some drainage noted in the triage area evento in the triage area evento the wound care provided the wound care provided the wound care provided the wound care not spreadsheet sent by Wound Care Nursel Nursing and Nursel had not received any Director after he saw regarding removing revealed that maybe questioned the wound care Nursecond time she saw reach out to the Pod the Wound Care Nursurgeon" the facility that she was aware contacting the facility that she was aware contacting the facility the podiatry appoint rescheduling it for 1/2 An interview with the 8:15 AM indicated the discussed at the mothrough Friday. This resident made it to the resident had not, was paperwork received.					

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F 684	Continued From page physician for the informadministration were in any scheduled appoin paperwork from the high placed on the unit can the facility was aware changed the podiatrist to 1/13/25 which was meeting on 1/3/25 and member to ensure shappointment. An interview with the 10:02 AM indicated the Nurse Practitioner see of surgical wound and wound care provider clarifying what orders further indicated that discussion with the was Resident #4 and the for wound care need thospital discharge or Nurse Practitioner wo	rmation. The units and informed by admissions of intments on the discharge inospital which are then lendar. She further indicated in the family member had st appointment from 1/2/25 discussed in the morning individual discussed in the morning in the would be taking him to the individual discussion of the					
	3/5/25 at 9:05 AM incipudgement call to not that he did not see an leave the soft cast in Resident #4 on 12/27 that in hindsight the ficalled and received of Podiatrist regarding tragain he did not see remaining in place. Hack of communication	//24. He further indicated acility probably should have					

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F 684	cast removed and dadid not mean the disc further stated that it were a soft cast at Also, the delay in sec Resident #4's family 1/2/25 appointment of	aily dressing changes, this charging physician did. He was unusual for the facility to nd start daily treatments. eing the Podiatrist due to member cancelling the could have played a role in on when Resident #4 went to	F	584				