

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>345505</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CAROLINA REHAB CENTER OF CUMBERLAND</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0689  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review and staff interviews, the facility failed to provide assistance of 2 staff during Activity of Daily Living (ADL) care with bed mobility according to the care plan which resulted in a fall for 1 of 3 residents reviewed for accidents (Resident #5). Findings included: Resident #5 was originally admitted on [DATE] and re-admitted on [DATE]. Her [DIAGNOSES REDACTED]. An annual Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #5 had memory problems.</p> <p>She required total assistance of two staff with bed mobility and toileting and total assistance of one staff with hygiene and bathing. Resident # 5's current care plan directed that the resident needed 2 staff members for bed mobility secondary to her weakness. The two-person assistance for bed mobility was initially added to the care plan on 8/28/15 and remained as an active intervention on the care plan revision date of 4/7/20. The care plan also directed the resident needed 2 staff members for toilet use. This was initially added to the care plan on 9/10/2018 and remained as an active intervention on the care plan revision date of 4/7/20. The (patient care guide) was reviewed and indicated Resident #5 required total dependence of 2 staff members for bathing/showering, bed mobility and toilet use. The care guide was noted as revised on 7/06/2020 to include under the Safety section be sure 2 aides present when performing ADL care. Nursing documentation, a post-fall note dated 7/2/2020 at 3:26 PM indicated Resident #5 had sustained a fall, had generalized weakness and unable to control movements. She was awake, unable to make her needs known, her behaviors were noted as normal and she had no signs or symptoms of distress. The note explained while the nurse aide (NA) was providing incontinent care, Resident #5 jerked her leg up and rolled over from bed and hit the floor. Nursing documentation, a post-fall note dated 7/2/2020 at 3:35 PM indicated Resident #5 had sustained a witnessed fall while the NA was changing Resident #5. Noted her skin was intact with no discoloration or skin tears. Recommendations: bed in a lower position and for two NAs assist (with incontinent care). The facility's investigation into the fall was dated 7/2/2020 at 11:38 AM. The report indicated while NA (Nurse Aide) was changing resident; resident jerked her leg up and rolled over from bed and hit the floor. NA attempted to prevent fall by catching resident. Resident did not hit her head during fall. Patient unable to give description. Resident was assessed for injuries and bruises, place back in bed. Bed in low position and fall mats in place. Ensure 2 aides present when completing resident ADLs. No injuries noted at time of incident. The responsible party and physician had been notified of the incident. A significant change in status Minimum Data Set (MDS) assessment dated [DATE] indicated Resident # 5 had memory problems. She required total assistance of two staff with bed mobility and required total assistance with toileting, hygiene and bathing of one staff. On 9/1/2020 at 2:40 PM Resident #5 was observed being provided incontinent care. Resident #5 appeared to be stiff with slight upper and lower tremors while being turned and positioned by two nurse aides. On 9/2/2020 at 2:30 PM Resident #5 was observed in bed positioned on her right side with the head of the bed up. Resident was observed with trembling movements in her upper extremities. On 9/3/2020 at 12:20 PM Resident #5 was observed lying on her right side in bed with the head of the bed elevated. No jerking or tremors were observed. On 9/3/2020 at 12:30 PM an interview was conducted with NA #1 who regularly cared for Resident # 5. The NA explained that she had been caring for Resident #5 without the assistance of another staff member when Resident # 5 fell . She stated she thought resident #5 had only required one staff assistance at the time of her 7/02/2020 fall. She explained she had turned Resident #5 on her side to clean her back and bottom when suddenly Resident #5 jerked her leg which gave her the momentum to roll off the bed. She stated it had not been a hard fall or high fall from the bed and she did not hit her head. The NA stated she immediately got to her knees to check Resident #5 and then called the nurse. She stated Resident #5 had no injuries from the fall. A phone interview was attempted on 9/03/2020 at 2:15 PM with the nurse who had cared for Resident #5 on the day of her fall. The nurse no longer worked at this facility and could not be reached for an interview. An interview with the interim Director of Nursing (DON) was conducted on 9/03/2020 at 3:39 PM. She understood there were interventions noted on Resident # 5's care plan for bed mobility and toileting requiring 2 staff assist prior to the care plan revision on 7/06/2020. She explained she would expect nursing or nurse aide staff to check the care plans or (patient care guide) if there were any questions regarding resident care.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.