

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345505	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2026
NAME OF PROVIDER OR SUPPLIER Carolina Rehab Center of Cumberland		STREET ADDRESS, CITY, STATE, ZIP CODE 4600 Cumberland Road Fayetteville, NC 28306	
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)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, record review, and staff interviews the facility failed to ensure their medication error rate was less than 5%. Two (2) medication administration errors were detected out of 38 opportunities. The medication errors occurred for 2 of 3 residents observed during medication administration (Resident #8 and Resident #9). This resulted in a 5.26% medication error rate. The findings included: 1a. On 1/21/26 at 9:12 AM Nurse #1 was observed as she prepared and administered morning medications to Resident #8. Nurse #1 was observed to remove two docusate sodium (stool softener) 100 mg (milligrams) capsules from a stock bottle and place them in a cup of medications she was preparing to administer for Resident #8. Nurse #1 was observed to administer the two docusate sodium capsules to Resident #8. Nurse #1 was not observed to administer any other type of stool softener to the resident. Resident #8's orders were reviewed following the medication administration observation for reconciliation purposes. Resident #8 did not have an order for docusate sodium 100 mg. Resident #8 had an order, dated 5/29/25, for two tablets of sennosides docusate sodium (a combination medication with a bowel stimulant and a stool softener) 8.6-50 mg daily. On 1/21/26 at 10:35 AM orders were reviewed with Nurse #1, and Nurse #1 was interviewed about giving docusate sodium rather than the ordered sennosides docusate sodium to Resident #8. Nurse #1 reported she had not realized she had administered the wrong type of stool softener. 1b. On 1/21/26 at 9:16 AM Nurse #1 was observed as she prepared and administered medications for Resident #9. Nurse #1 was observed to remove one tablet containing Calcium 600 mg with Vitamin D 5 micrograms (a calcium and vitamin supplement) from a stock medication bottle and place it in a medication cup. Nurse #1 was observed to administer the Calcium 600 mg with Vitamin D5 micrograms to Resident #9. Resident #9's orders were reviewed following medication observations for reconciliation purposes. Resident #9 had an order, dated 1/8/26, for calcium citrate 950 mg (200) one tab every day (The 200 indicates the amount of elemental calcium available for usage by the body which is separate from the weight of the calcium pill). On 1/21/26 at 10:35 AM orders were reviewed with Nurse #1, and she was interviewed about the difference in calcium supplement she had administered to Resident #9 versus the prescribed calcium supplement. Nurse #1 reported the facility had only one dosage of calcium stocked and therefore she had given what the facility had in stock. An interview with the DON (Director of Nursing) on 1/21/26 at 2:35 PM revealed the following information. She (the DON) had reviewed Resident #9's record and it appeared Resident #9 took the prescribed dosage of Calcium at home prior to being hospitalized for supplementation and not for a specific diagnosis. The DON explained the daily calcium citrate 950 mg (200) one tab had then been ordered at the hospital and then also at the facility when the resident was admitted. The DON stated there had been no verification prior to the morning of 1/21/26 with the physician about the ordered calcium dosage versus what the facility had in stock with the physician.</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 345505
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