

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

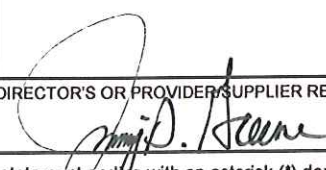
PRINTED: 05/24/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345541</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>05/10/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OLDE KNOX COMMONS AT THE VILLAGES OF MECKLENBURG</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13825 HUNTON LANE HUNTERSVILLE, NC 28078</b>
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(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
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F 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	F 225	<p>OLDE KNOX COMMONS RESPONSE TO THIS REPORT OF SURVEY DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIES; NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARE FILING THE POC BECAUSE IT IS REQUIRED BY LAW.</p> <p>• F225 : <u>ADDRESS HOW CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</u></p> <p>Corrective action was accomplished and achieved for resident on 02-27-12 when accused CNA was suspended following allegation. The incident was report on 02-24-12 allegedly occurring on 02-23-12. CNA in question worked 02-23-12 and 02-24-12 but was not scheduled to work 02-25-12 and 02-26-12. She was suspended on 02-27-12. At time of completion of investigate the accused CNA resigned her position on 03-06-12. Her last day of employment at Olde Knox Commons was 02-24-12.</p> <p><u>ADDRESS HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</u></p> <p>Other residents assigned to the accused CNA had the potential to be affected. The accused CNA was suspended on 02-27-12 and resigned on 03-06-12 with her last actual day of employment/work being 02-24-12.</p>	06-07-12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>5-25-12</i>
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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.

APPROVED  
**MAY 29 2012**  
BY: \_\_\_\_\_



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NAME OF PROVIDER OR SUPPLIER  <b>OLDE KNOX COMMONS AT THE VILLAGES OF MECKLENBURG</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>13825 HUNTON LANE</b> <b>HUNTERSVILLE, NC 28078</b>	
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F 225	Continued From page 1  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to report an allegation of employee to resident physical abuse to the Health Care Personnel Registry (HCPR) within twenty-four (24) hours for one (1) of three (3) abuse investigations reviewed.  The findings are:  Review of the 24 hour report dated 2/27/12 revealed on 2/23/12 (no time provided) NA #2 witnessed NA #1 slap Resident #1 in the chest. NA #2 reported the observation to a nurse supervisor on 2/24/12 (no time provided).  On 5/10/12 at 3:00 PM an interview was conducted with the Director of Nursing (DON). The DON stated she was notified of the abuse allegation on 2/24/12 at approximately 4:00 PM, while she was out of the facility. The DON stated she began the facility investigation on 2/27/12 and submitted the 24 hour report on 2/27/12.  On 5/10/12 at 5:44 PM an interview was conducted with the Administrator. The Administrator stated that staff re-education and training on abuse/neglect policy and procedures was conducted April 2012. Inservice content included reporting allegations of employee to resident abuse within 24 hours to the HCPR.	F 225	The ADON, on duty at the time the allegation was received, immediately made rounds on all residents assigned to NA #1 and observed direct care staff including NA #1. The ADON remained on the unit for three hours and observed the accused CNA (NA #1) as she provided resident care. While direct patient care was being delivered by NA #1 she was under the direct supervision of the ADON. Thus, residents assigned to NA #1 were protected from the cited deficient practice.  <u>ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR:</u>  On 04-24-12 a meeting/in-service was held by the Administrator with all supervisory nurse managers to re-educate on the facility abuse policy and protocol including:  <ul style="list-style-type: none"> <li>Administrative personal (DON and Administrator) must be notified at time of receiving report of suspected abuse or neglect.</li> <li>If unable to notify the Administrator at the time of receiving the report then the two VP of Operations and/or the president of operations must be notified.</li> </ul>	
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  The facility must develop and implement written policies and procedures that prohibit	F 226		

- The accused staff member must be immediately suspended (sent home) by the supervisory nurse or department manager pending outcome of investigation.
- A 24 hour report must be completed at the time of receiving report of alleged abuse or neglect by the supervisory nurse or manger.
- The Huntersville Police Department must be notified of the allegation.
- The resident must be assessed immediately upon report of suspected abuse or neglect for any physical and/or emotional/mental evidence of abuse/neglect.
- If interviewable the resident must be interviewed by supervisory nurse.
- The investigation must begin immediately with taking of witness and employee statements.

The meeting was repeated on 05-08-12 with all department supervisors. Each department supervisor and nurse manger signed a statement of understanding of the facility's abuse, neglect, injury of unknown origin, misappropriation, polices, procedures and report/investigation protocol.

An in-service will be held on 03-31-12 with all facility personal to re-educate on the facility's zero tolerance of abuse, neglect, misappropriation, and the facility's policy and procedures on abuse, neglect, and misappropriation.

INDICATE HOW THE FACILITY PLANS TO MONITOR IT'S PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED. THE FACILITY MUST DEVELOP A PLAN FOR ENSURING THAT CORRECTION IS ACHIEVED AND SUSTAINED. THE PLAN MUST BE IMPLEMENTED AND THE CORRECTIVE ACTION EVALUATED FOR ITS EFFECTIVENESS. THE POC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY:

The facility administrator on Monday through Friday will at morning stand-up meetings question if there have been any allegations of abuse, neglect, misappropriation within the past 24 hours. The administrator will review all reports/allegations of abuse, neglect, misappropriation each day Monday through Friday to ensure that the facilities policies and procedures to include notification of HCPR within 24 hours of receipt of any report of any abuse, neglect, or misappropriation.

The facility administrator will maintain a log of all reports of allegations of abuse, neglect, or misappropriation including when the alleged incident occurred, the time it was reported to a staff member, the date and time it was reported to HCPR, the date and time the employee was suspended, the date and time the investigation began, the date time the investigate ended and outcome of investigation. The administrator will submit the report monthly to the Quality Assurance Committee. The QA committee will be responsible for reviewing the report to ensure the facility is in compliance with facility/state/federal polices, guidelines and laws on reporting and investigating all allegations of abuse, neglect, and misappropriation. The QA committee will be responsible for ensure that corrective action is achieved and sustained. The QA will be responsible for implementing new policies and procedures and/or protocols if current policies and procedures and/or protocols are identified as insufficient to maintain corrective action and sustain solutions.



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F 226	Continued From page 2 mistreatment, neglect, and abuse of residents and misappropriation of resident property.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to initiate an investigation for an allegation of employee to resident physical abuse to the Health Care Personnel Registry (HCPR) within twenty-four (24) hours for one (1) of three (3) abuse investigations reviewed. (Resident #1)  The findings are:  Review of facility policy entitled Abuse Policy and Procedures revised 12/26/11 read in part:  "Any suspected incident of abuse, neglect, or misappropriation of resident property is to be reported immediately to a Supervisor or member of Administration. The facility will operate under the following steps for investigation and protection: Ensure all residents are protected from the possibility of abuse or the potential for further abuse. All investigations will be conducted with the resident's safety as the foremost concern in order to protect the resident from future harm. If abuse or neglect is suspected the individual suspected of abusing or neglecting a resident will be placed on suspension pending the outcome of the investigation."  Resident #1 was admitted with diagnosis of Dementia. Quarterly Minimum Data Set dated 4/15/12 assessed Resident #1 as cognitively impaired with a history of physical behaviors directed towards others.	F 226	<p>• F226: <u>ADDRESS HOW CORRECTIVE ACTION S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</u></p> <p>The facility investigation for resident number one began on 02-27-12.</p> <p>The facility acknowledges that the investigation should have began on 02-24-12 at time of receipt of the allegation. The facility has implemented a policy that allegations of resident abuse, neglect, misappropriations cannot be made in the form of a text message from one employee to another. The facility's policy that all allegations of abuse, neglect, and misappropriation must be made verbally or in writing at the time of occurrence (or as soon as knowledgeable) by all staff members to the immediately supervisor was reiterated to all Nursing Management Personnel and all Management Personnel on 04-24-12 and 05-18-12. An in-service will be held 03-31-12 to educate all staff on how to report allegations of abuse, neglect, and misappropriations. On 03-31-12 all staff will be informed that text messages is not an appropriate method of reporting.</p> <p><u>ADDRESS HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</u></p>	06-07-12	

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F 226	Continued From page 3  Review of the 24 hour report dated 2/27/12 revealed on 2/23/12 (no time provided) NA #2 witnessed NA #1 slap Resident #1 in the chest. NA #2 reported the observation to a nurse supervisor on 2/24/12 (no time provided). An assessment of Resident #1 was conducted along with resident and staff interviews on 2/27/12.  On 5/10/12 at 3:00 PM an interview was conducted with the Director of Nursing (DON). The DON stated she was notified of the abuse allegation on 2/24/12 at approximately 4:00 PM, while she was out of the facility. The DON stated she notified the Assistant Director of Nursing (ADON) on duty of the abuse allegation. The DON stated she provided the name of NA #1 but did not identify Resident #1 because she was in area where she could not speak freely. The DON stated she did not feel there was a reasonable suspicion of abuse and did not direct the ADON to immediately suspend NA #1 and remove her from resident care. The DON stated NA #1 completed her shift on 2/24/12 from 12:58 PM to 9:00 PM with Resident #1 as part of her assignment. Interview with the DON and review of staffing schedule confirmed NA #1 did not return to work at the facility after 2/24/12. The DON stated she notified NA #1 of her suspension and began the facility investigation on 2/27/12. The DON stated she assessed Resident #1's condition and identified no physical harm/injury. Interviews were conducted with nurse aides and licensed staff who worked with NA #1. Interviews were conducted with alert and oriented residents who resided on the hall NA #1 was assigned. Interviews were conducted with NA #1 and NA #2. The DON reported Resident #1 is cognitively	F 226	Any resident has the potential to be affected by the cited deficient practice.  On 04-24-12 a meeting/in-service was held by the Administrator with all supervisory nurse managers to re-educate on the facility abuse policy and protocol including:  <ul style="list-style-type: none"> <li>• Administrative personal (DON and Administrator) must be notified at time of receiving report of suspected abuse or neglect.</li> <li>• If unable to notify the Administrator at the time of receiving the report then the two VP of Operations and/or the president of operations must be notified.</li> <li>• The accused staff member must be immediately suspended (sent home) by the supervisory nurse or department manager pending outcome of investigation.</li> <li>• A 24 hour report must be completed at the time of receiving report of alleged abuse or neglect by the supervisory nurse or manger.</li> <li>• The Huntersville Police Department must be notified of the allegation.</li> <li>• The resident must be assessed immediately upon report of suspected abuse or neglect for any physical and/or emotional/mental evidence of abuse/neglect.</li> </ul>		



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F 226	<p>Continued From page 4</p> <p>impaired and was not interviewable. The DON stated the investigation should have started on 2/24/12 when she was notified of the abuse allegation. The DON stated Resident #1's condition should have been assessed immediately and NA #1 should have been immediately removed from resident care and suspended per the facility policy.</p> <p>On 5/10/12 at 4:37 PM an interview was conducted with the ADON. The ADON stated she was contacted by the DON on 2/24/12 at approximately 4:00 PM about the abuse allegation for NA #1 but no named residents were identified. The ADON stated she immediately went to the assigned unit and made rounds on all the residents and the direct care staff. The ADON stated she stayed on the unit for approximately three hours and observed NA #1 as she provided resident care. The ADON stated she identified no concerns of inappropriate staff interaction. The ADON stated she talked with NA #2 while she was on the unit and NA #2 reported no concerns of resident abuse. The ADON stated NA #1 should have been suspended immediately per the facility policy.</p> <p>On 5/10/12 at 4:53 PM an interview was conducted with NA #2 who reported the abuse allegation. NA #2 stated she received abuse/neglect training during orientation in December 2011 and was aware that she should report concerns of abuse /neglect immediately. NA #2 stated she observed NA #1 hit Resident #1 with an open handed light tap to the hand or arm when the resident was resistant to care. NA #2 stated she did not recall when these incidents had occurred and provided no explanation of why</p>	F 226	<ul style="list-style-type: none"> <li>If interviewable the resident must be interviewed by supervisory nurse.</li> <li>The investigation must begin immediately with taking of witness and employee statements.</li> </ul> <p>The meeting was repeated on 05-08-12 with all department supervisors. Each department supervisor and nurse manger signed a statement of understanding of the facility's abuse, neglect, injury of unknown origin, misappropriation, polices, procedures and report/investigation protocol.</p> <p>An in-service will be held on 03-31-12 with all facility personal to re-educate on the facility's zero tolerance of abuse, neglect, misappropriation, and the facility's policy and procedures on abuse, neglect, and misappropriation.</p> <p><u>ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR:</u></p> <p>On 04-24-12 a meeting/in-service was held by the Administrator with all supervisory nurse mangers to re-educate on the facility abuse policy and protocol including:</p>	



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F 226	<p>Continued From page 5</p> <p>she did not report these observations. NA #2 stated on 2/23/12 during the evening shift (no time provided) she observed NA #1 use an open hand to slap Resident #1 on the chest area while staff was attempting to provide care. NA #2 stated the open hand slap was not forceful and she did not observe any injury to Resident #1. NA #2 stated she called an off duty nurse supervisor on 2/24/12 (no time provided) to report this observation. NA #2 stated she did not report her observation on 2/23/12 immediately because she was afraid the information would not remain confidential and she would be exposed to a hostile work environment.</p> <p>NA #1 was no longer employed at the facility. Attempts to contact NA #1 for interview on 5/10/12 were unsuccessful.</p> <p>On 5/10/12 at 5:44 PM an interview was conducted with the Administrator. The Administrator stated that staff re-education and training on abuse/neglect policy and procedures was conducted April 2012. Inservice content included initiating an abuse investigation within the 24 hour timeframe, and immediate suspension of accused staff to ensure residents safety and protection.</p>	F 226	<ul style="list-style-type: none"> <li>Administrative personal (DON and Administrator) must be notified at time of receiving report of suspected abuse or neglect.</li> <li>If unable to notify the Administrator at the time of receiving the report then the two VP of Operations and/or or the president of operations must be notified.</li> <li>The accused staff member must be immediately suspended (sent home) by the supervisory nurse or department manager pending outcome of investigation.</li> <li>A 24 hour report must be completed at the time of receiving report of alleged abuse or neglect by the supervisory nurse or manger.</li> <li>The Huntersville Police Department must be notified of the allegation.</li> <li>The resident must be assessed immediately upon report of suspected abuse or neglect for any physical and/or emotional/mental evidence of abuse/neglect.</li> </ul>		

- If interviewable the resident must be interviewed by supervisory nurse.
- The investigation must begin immediately with taking of witness and employee statements.

The meeting was repeated on 05-08-12 with all department supervisors. Each department supervisor and nurse manger signed a statement of understanding of the facility's abuse, neglect, injury of unknown origin, misappropriation, polices, procedures and report/investigation protocol.

An in-service will be held on 03-31-12 with all facility personal to re-educate on the facility's zero tolerance of abuse, neglect, misappropriation, and the facility's policy and procedures on abuse, neglect, and misappropriation.

INDICATE HOW THE FACILITY PLANS TO MONITOR IT'S PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED. THE FACILITY MUST DEVELOP A PLAN FOR ENSURING THAT CORRECTION IS ACHIEVED AND SUSTAINED. THE PLAN MUST BE IMPLEMENTED AND THE CORRECTIVE ACTION EVALUATED FOR ITS EFFECTIVENESS. THE POC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY:



The facility administrator on Monday through Friday will at morning stand-up meetings question if there have been any allegations of abuse, neglect, misappropriation within the past 24 hours.

The administrator will review all reports/allegations of abuse, neglect, misappropriation each day Monday through Friday to ensure that the facilities policies and procedures to include notification of HCPR within 24 hours of receipt of any report of any abuse, neglect, or misappropriation. The facility administrator will maintain a log of all reports of allegations of abuse, neglect, or misappropriation including when the alleged incident occurred, the time it was reported to a staff member, the date and time it was reported to HCPR, the date and time the employee was suspended, the date and time the investigation began, the date time the investigate ended and outcome of investigation. The administrator will submit the report monthly to the Quality Assurance Committee. The QA committee will be responsible for reviewing the report to ensure the facility is in compliance with facility/state/federal polices, guidelines and laws on reporting and investigating all allegations of abuse, neglect, and misappropriation. The QA committee will be responsible for ensure that corrective action is achieved and sustained. The QA will be responsible for implementing new policies and procedures and/or protocols if current policies and procedures and/or protocols are identified as insufficient to maintain corrective action and sustain solutions.